

2620 Muscatine Avenue
 Iowa City, IA 52240
 319-351-5017
 Fax: 319-351-683 7



Timesheet

Employee Name: _____

Period Ending: _____

- N / Y
- Documentation entered into Quantum?
- Specific locations and exact times?
- Check and/or fill medication chart?

Suggestions/Messages:

Date of Service	Start Time	End Time	Client Name	Service Type	Hours	Mileage	N/Y
TOTALS:							

Employee Signature Date Supervisor Signature Date

Reminders: Timesheets are due by **midnight every Sunday**.
 All documents must have been entered into Quantum.
 Please send electronic copies to your supervisor and our billing coordinator darcyhuber@arcsei.org.
 Incomplete documentation cannot be paid until corrections are made.