Helpers, Inc.

Companion Care Timesheet

_____ **Helper**

_____ **Recipient of Services**

Address: _____

City, State, Zip: _____

Phone Number: _____

Date Mo/day/year	Weekday (MON, TUE, WED, THUR, FRI, SAT, SUN)	Time In **AM**	Time Out **AM**	Time In **PM**	Time Out **PM**	Total Hours
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TOTAL HOURS: _____

Client Service Notes

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_____

_____ **Signature of Individual Directing Services**

_____ **Signature of Helper**

_____ **Date**

_____ **Date**

Please fax to 913-322-7250 or e-mail to info@helpersinc.org within 48 hours of the billing cycle.

For assistance call 913-322-7212.