

**ATTENDANT TIMESHEET**

**Service Provided For:** \_\_\_\_\_

**Name of Attendant:** \_\_\_\_\_

**Attendant's Address:** \_\_\_\_\_

\_\_\_\_\_  
**(Please note attendant care provided – i.e. dressing, bathing, feeding, etc.)**

**Date of Service:** \_\_\_\_\_

Time Attendant Care Started: \_\_\_\_\_

Time Attendant Care Ended: \_\_\_\_\_

Type of Attendant Care Provided: \_\_\_\_\_

Total Attendant Care Hours: \_\_\_\_\_

**Meal Expenses – ITEMIZED RECEIPTS REQUIRED**

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Total Meal Expense: \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

Time Attendant Care Started: \_\_\_\_\_

Time Attendant Care Ended: \_\_\_\_\_

Type of Attendant Care Provided: \_\_\_\_\_

Total Attendant Care Hours: \_\_\_\_\_

**Meal Expenses – ITEMIZED RECEIPTS REQUIRED**

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Total Meal Expense: \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

Time Attendant Care Started: \_\_\_\_\_

Time Attendant Care Ended: \_\_\_\_\_

Type of Attendant Care Provided: \_\_\_\_\_

Total Attendant Care Hours: \_\_\_\_\_

**Meal Expenses – ITEMIZED RECEIPTS REQUIRED**

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Total Meal Expense: \_\_\_\_\_

**FOR STAFF USE ONLY:**

Total Miles: \_\_\_\_\_ x \$.58 = \_\_\_\_\_

Total Attendant Hours: \_\_\_\_\_ x \$10.35 = \_\_\_\_\_

Total Meals: \_\_\_\_\_

Total Transportation Expenses (Tolls, Train, Taxi, Etc.): \_\_\_\_\_

Any Deductions: \_\_\_\_\_

**Grand Total Due Attendant:** \_\_\_\_\_

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Attendant's Signature (Required) / DATE

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Member's Signature (Required) / DATE

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PaRC Support Staff Signature (Required) / DATE