

READER SERVICES TIMESHEET

Service Provided For: _____

Name of Reader: _____

Reader's Address: _____

Day 1:
Date of Service: _____ Hours: _____

Day 2:
Date of Service: _____ Hours: _____

Day 3:
Date of Service: _____ Hours: _____

Day 4:
Date of Service: _____ Hours: _____

Day 5:
Date of Service: _____ Hours: _____

Total Hours: _____ x \$10.20 = _____

Signature _____ / Date _____