



## WEEKLY TIMESHEET

**Please Fax To: 1-(414)-858-2400    By: Monday 9:00 am**

Physician Name: \_\_\_\_\_ Assignment Dates: \_\_\_\_\_

Client: \_\_\_\_\_ Client Contact: \_\_\_\_\_

Facility: \_\_\_\_\_ Department: \_\_\_\_\_

DAY	START TIME	END TIME	OVERTIME HRS.	ON-CALL	ADD. CALL HRS.	TOTAL HOURS
<b>Monday</b>				Y / N		
<b>Tuesday</b>				Y / N		
<b>Wednesday</b>				Y / N		
<b>Thursday</b>				Y / N		
<b>Friday</b>				Y / N		
<b>Saturday</b>				Y / N		
<b>Sunday</b>				Y / N		
<b>Weekly Totals:</b>						

**REIMBURSEMENTS:**

1. Mileage. \_\_\_\_\_ # of Miles @ \$.\_\_\_\_\_ per mile.
2. Other (lodging, rental car, airfare):

\_\_\_\_\_  
 (Please submit a copy of all receipts that apply).

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

