



INTER-COASTAL HOME HEALTH CARE

725 North A1A E 108 Jupiter, FL 33477 -- +1 561-353-1474

FAX: +1 561-353-1474

Weekly Time Sheet

Client Name: _____

Week Ending: _____

Subcontractor Name: _____

CLIENT: The above named subcontractor has performed satisfactory services for the time herein listed, and InterCoastal Home Health Care, Inc. is authorized to bill for such services.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Start Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Finish Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Live In	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Hours

Client Signature: _____

Mileage

Subcontractor Signature: _____