



# INTER-COASTAL HOME HEALTH CARE

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

FAX: +1 561-347-8481

## 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.

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
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: \_\_\_\_\_