SENIOR PLUS HEALTHCARE INC.
1127 BROWN AVENUE STE B
COLUMBUS, GA. 31906
PH: 706-649-6777
FAX:706-649-6780

INVOICE

MEMO: ALL TIME SHEETS NEED TO BE TURNED IN ON MONDAY PRIOR TO 12 NOON

CLIENT'S NAME: _____

CLIENT'S ADDRESS: _____

KEY PERSONNEL:

								Personal Care								Nutrition				Homemaker Tasks							Other					
Day	Date	Time In		Time Out		Total Hours	Client Initials	Bath	Ambulation	Dressing	Toileting	Hair Care	Oral Care	Skinn Care/Shaving/File	Observe Skin	Prepare Meals	Set Up Meals	Feed Patient	Encourage Fluids	Vacuum/Dust	Remove Trash	Sweep/Mop	Clean Kitchen	Clean Bathroom	Laundry	Change Linen	Medication Reminder	Errands/Shopping	Doctors Visits	Caregiver Relief	Activity/Exercise	Subcontractor Initials
Sat																															
Sun																															
Mon																															
Tue																															
Wed																															
Thu																															
Fri																															

Total Hours for Week One: _____

Day	Date	Time In		Time Out		Total Hours	Client Initials																								
Sat																															
Sun																															
Mon																															
Tue																															
Wed																															
Thu																															
Fri																															

Total Hours Worked: _____

Clients Signature: _____

Client Telephone: _____

Comment:

Nurse Initials:

Date:

Key Personnel Signature: _____

My signature certifies that the hours and services listed are true and correct. I _____ **understand that the result of falsification of time will result in the termination of the contractor agreement and that I may face criminal prosecution.**