Monthly Time Sheet for Payment

#1. County:	*Marion*
#2. Month/Year:	*April 200_*
#3. Employee Name:	*Betty Provider*
#4. Employer:	*Mia Customer*
#5. Customer:	*Mia Customer*

Submit Time Sheets *by the third of the month to:*

RESOURCE CONNECTIONS OF OREGON
FISCAL INTERMEDIARY SERVICES

3876 Beverly Ave NE, Bldg G-1
Salem, OR 97305

Office: 503-485-2510 or (toll free) 1-866-890-2048

Marion Co. Office Fax: 503-485-2515
or (toll free) 1-866-890-2049

Linn Co. Office Fax: 541-704-2725

Yamhill Co. Office Fax: 503-883-0433

#6.	**Date:**	**Time In:**	**Time Out:**	**Hours:**	**Ratio:**	**Code:**
	4/1	*2:00p*	*2:30p*	*.5*	*2*	*726*
		2:30p	*5:30p*	*3*	*3*	*726*
		5:30p	*6:00p*	*.5*	*2*	*726*
		6:00p	*8:30p*	*2.5*	*1*	*727*
	4/8	*4:00p*	*6:00p*	*2*	*1*	*727*
	4/15	*2:00p*	*2:30p*	*.5*	*2*	*726*
		2:30p	*5:30p*	*3*	*3*	*726*
		5:30p	*6:00p*	*.5*	*2*	*726*
		6:00p	*8:00p*	*2*	*1*	*727*
	4/22	*4:00p*	*6:30p*	*2.5*	*1*	*727*

Service Codes (from job description):

725	726	726S	730
731	735	740	

For Office Use Only

Service Code	Customer Ratio	Hours Approved	Pay Rate
73			

☐ Payroll? Exempt? ☐

Authorizing Initials:

SAMPLE

HELP STOP FRAUD: Check carefully for accuracy of dates, services and amount billed to RCO Fiscal Intermediary Services.

#7. Employee Signature: *Betty Provider*	**Date:** *00-00-00*
#8. Employer Signature: *Mia Customer*	**Date:** *00-00-00*