

# *Kms* Contractor Staff Services Invoice Sheet

Week Ending (Friday): \_\_\_\_\_

TSS     PCA     Residential     Other \_\_\_\_\_

KMS Staff Name (print): \_\_\_\_\_ Client(s) Full Name Served: \_\_\_\_\_

Provider Agency Served: \_\_\_\_\_ Program/School Name & Address: \_\_\_\_\_

Select:     TSS:     Home Case     BHRIS-Indv.     STS-Group

<u>Date</u>	Time In	Time Out	Break	Total Hours Worked	Program / Shift Supervisor Approval Signature **
Saturday / /					
Sunday / /					
Monday / /					
Tuesday / /					
Wednesday / /					
Thursday / /					
Friday / /					

\*\*Signature confirms that all services, as recorded above, were provided and accurate. All hours are approved for payment.

\*\*Authorized Client Signature: \_\_\_\_\_

My signature below certifies that the days and times indicated on this time sheet are true and correct.

Contractor Staff Name (printed): \_\_\_\_\_ Contractor Signature: \_\_\_\_\_

### **KMS Administration Only**

Hours	Pay Rate	RU#	Bill Rate

**Total Hours:** \_\_\_\_\_

**KMS Payroll:** \_\_\_\_\_

(Authorized Signature)

It is the responsibility of the KMS Contractor to submit all documentation as required per assignment standards. Payment will be adjusted according to incomplete submissions of required documentation. TSS and STS staff do not need to obtain daily signatures on this form. All other KMS staff must get a signature for each day worked for verification purposes.