



# STAFF TIMESHEET / INVOICE

Staff Name: \_\_\_\_\_

Pay Cheque:  E-transfer  Mail

Pay Period: \_\_\_\_\_  
Month

1<sup>st</sup> to 15<sup>th</sup>  16<sup>th</sup> to End of Month

**Note: Timesheet / Invoice must be signed. This verifies completion of each shift.**

DATE (MM-DD)	START TIME	END TIME	HOURS	OT HOURS	STAT HOURS	CLIENT / FACILITY	CLIENT'S SIGNATURE *

Return completed Timesheet via Fax: **604-519-1552** / Scan or E-mail: **accounts@healthstaffing.ca** / Text photo: **604-723-8291**

Pay cheques will be held until Timesheet / Invoice is submitted or until the end of next Pay Period.

Timesheets / Invoices are due at the end of each Pay Period. Payments are processed on the 8<sup>th</sup> and 23<sup>rd</sup> of each month.

**\* By signing as the client, I acknowledge the completion of the service visit as listed.**