Vocational Rehabilitation Standardized Attendance /Time Sheet

PROVIDER'S NAME:

School/Location:

Authorization #/Group#/Invoice Number:

Service Description or Service Code:
(Only use one service code for each attendance log)

INVOICE TYPE: ☐ Individual ☐ Group

Only names listed on the authorization can be added to this log

Instructor/Facilitator Name (s): **Total Hours:**

Print Participant's Name (s)	Not Attending mark "X"	Participant Signature	Dates(s)of Service	Start Time	End Time	Total Number of hours/Units