



WEEKLY TIMESHEET/ INVOICE:

Contractor Name: _____ **Specialty:** _____

Department: _____ **Social Security # (Or Tax ID #):** _____

Facility Name: _____ **Mailing Address:** _____

Period From: _____ **To:** _____

		Date:							
		Day:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Day Shift (8:01AM-4:00PM)	Start Time	XXXXXXXXXX							
	Lunch	XXXXXXXXXX							
	LUNCH 30 MIN	Finish Time	XXXXXXXXXX						
		Modality	XXXXXXXXXX						
Evening Shift (4:01PM-12:00PM)	Start Time	XXXXXXXXXX							
	Lunch	XXXXXXXXXX							
	LUNCH 30 MIN	Finish Time	XXXXXXXXXX						
		Modality	XXXXXXXXXX						
Night Shift (12:01AM-8:00AM)	Start Time	XXXXXXXXXX							
	Lunch	XXXXXXXXXX							
	LUNCH 30 MIN	Finish Time	XXXXXXXXXX						
		Modality	XXXXXXXXXX						
On Call	On Call Hours	XXXXXXXXXX							
	Call Back IN TIME	XXXXXXXXXX							
	Call Back OUT TIME	XXXXXXXXXX							
		Modality	XXXXXXXXXX						
TOTALS:	Actual Hours	XXXXXXXXXX							
	On Call Hours	XXXXXXXXXX							
	Call Back Hours	XXXXXXXXXX							

***Please round hr to every 1/4 hr.

***Please use different invoice per hospital

***PLEASE PUT YOUR START TIME AND END TIME
IN THE APPROPRIATE SHIFT BLOCK (IF YOU START AT
8AM AND END AT 5PM: YOUR START TIME GOES IN THE DAY SHIFT
AND YOUR END TIME GOES IN THE EVENING SHIFT.

FINAL TOTALS:	Actual Hours	Contractor Signature: _____	Date: _____
	On Call Hours		
	Call Back Hrs.		
Total Hours	Client Facility Signature: _____	Date: _____	

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