Argent Technologies, LLC

Monthly Time Sheet

Email Timesheets to: office@fsc-consulting.com   **Timesheets are due on the 1st of each month**

Physician Name:_____   **Month/Year:**_____

Pay Period Start:_____   **Pay Period End:**_____

Facility:_____   **Address:**_____

Contract #:_____   _____

CLIN #:_____   **Phone Number:**_____

Date	Regular	Overtime	Sick/Vac	Total	Date	Regular	Overtime	Sick/Vac	Total
0					16				
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				

TOTAL HOURS OF COVERAGE -- >   ☐   TOTAL HOURS OF COVERAGE -- >   ☐

TOTAL HOURS FOR MONTH   ☐

Notes:

Physicians Signature:

_____

MTF Authorization:

_____