



3509 E. Shea Blvd. #117
 Phoenix, Az 85028
 office 602.953.2944 fax 602.953.2946

TIMESHEET BILLABLE

For Office Use ONLY
 RSP _____ ANC _____
 HAH _____ AFC _____
 Group _____ WKE _____
 CAMP _____ DTT _____

FOR PAY PERIOD:

Employee Name: Employee Signature:

Consumer Name	SRV	1st or 16th	2nd or 17th	3rd or 18th	4th or 19th	5th or 20th	6th or 21st	7th or 22nd	8th or 23rd	9th or 24th	10th or 25th	11th or 26th	12th or 27th	13th or 28th	14th or 29th	15th or 30th	31st	Total ATC	Total HAH	Total Group	Total RSP	Total DTA	Total DTT	
	ATC																							
	RSP																				<input type="text"/>			
	HAH																		<input type="text"/>					
	ATC																							
	RSP																				<input type="text"/>			
	HAH																		<input type="text"/>					
	ATC																							
	RSP																				<input type="text"/>			
	HAH																		<input type="text"/>					
Group Programs	Site	1st or 16th	2nd or 17th	3rd or 18th	4th or 19th	5th or 20th	6th or 21st	7th or 22nd	8th or 23rd	9th or 24th	10th or 25th	11th or 26th	12th or 27th	13th or 28th	14th or 29th	15th or 30th	31st							
	DTA																						<input type="text"/>	
	DTT																						<input type="text"/>	
Group:																								
Group:																								
Group:																								
Group:																								
Group:																								
Other:																								
<i>Please fill in the code for the <u>Group</u> and <u>Site</u> from the provided list.</i>	Group: ENR-Enrichment Classes, SSC-Saturday Social Club, FNO-Friday Night Out, CSC-Civitan Supper, ONO-Our Night Out																	Total	Total	Total	Total	Total	Total	
	Sites: AV-Avondale, BUC- Buckeye, GLD1-Independence High School, GLD2-Sahuaro Ranch, MAR-Maricopa, PM-Phoenix Metro, SC-Sun City, SHEA- Shea Offices, VV-Valley View																	ATC	HAH	Group	RSP	DTA	DTT	
Please make a copy for your files and send the original to:																		Total Billable Hours						
Civitan Foundation, Inc. 3509 E. Shea Blvd., #117 Phoenix, AZ 85028																		Rate of pay						
																		Total						

Supervisor's Signature: _____ DATE: _____