



Client: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Policy: \_\_\_\_\_

## WEEKLY TIME SHEET & SERVICE REPORT

(Press Hard & Print)

WORK LOG (Check All That Apply)		FREQUENCY OF TASKS										
	MON	TUES	WED	THUR	FRI	SAT	SUN	EVERY VISIT	EVERY WK	REQUEST	OTHER	
<b>HOMEMAKING / COMPANIONSHIP</b>												
Light Housekeeping												
Vacuum / Sweep / Mop Floors												
Dusting												
Bathroom												
Bedroom												
Kitchen												
Living Area												
Laundry												
Grooming Guidance												
Meal Preparation: <input type="checkbox"/> Special Diet												
Diet Notes:												
Recreational Activities												
Transportation												
Errands / Shopping												
TLC Calls												
Companionship												
Medication Reminder												
<b>PERSONAL CARE SERVICES</b>												
Feeding												
Bath: <input type="checkbox"/> Tub <input type="checkbox"/> Bed <input type="checkbox"/> Shower <input type="checkbox"/> Standby												
Hair Care: <input type="checkbox"/> Comb <input type="checkbox"/> Shampoo												
Oral Care: <input type="checkbox"/> Teeth <input type="checkbox"/> Dentures <input type="checkbox"/> Swab												
Shave <input type="checkbox"/> Electric												
Dress / Undress												
Nail Care (Do Not Cut)												
Assist with: <input type="checkbox"/> Commode <input type="checkbox"/> Urinal <input type="checkbox"/> Bed Pan												
Empty Catheter Bag												
Protective Briefs												
Ambulate: <input type="checkbox"/> Up In Chair <input type="checkbox"/> Bed Rest												
Transfer To: From:												
Position (Specify i.e., side to side)												
Passive ROM / Exercise Guidance												
<b>OTHER:</b>												

TIME LOG				MILEAGE LOG	
	DATE	ADDITIONAL NOTES	DAILY TOTALS	ALL DESTINATIONS	DAILY TOTAL
MON					
TUES					
WED					
THU					
FRI					
SAT					
SUN					
TOTAL HOURS				TOTAL MILES	



# Invoice

Billing Date	Invoice #
00/00/0000	0000001

<b>Current Invoice Amount</b>	\$00.00
<b>Total Balance Due</b> If you've already sent a payment, please disregard this balance	\$00.00

Want to go paperless? Enter your e-mail below:

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

		<b>Terms</b>	<b>Invoice #</b>
		Due on receipt	C140073
<b>Description</b>	<b>Qty</b>	<b>Rate</b>	<b>Amount</b>
In Home Care Service: 00/00/0000 - 9:00AM -12:00PM	3	37.00	111.00
In Home Care Service: 00/00/0000 - 9:00AM -12:00PM	3	37.00	111.00
In Home Care Service: 00/00/0000 - 9:00AM -12:15PM	3.25	37.00	120.25

Thank you for choosing Comfort Keepers!

For Scheduling:

Robbinsville - (609) 890-2888    Monroe - (732) 521-1777  
Toms River - (732) 557-0010    Warren - (732) 369-3639

**18% interest will be assessed on all unpaid balances after 30 days. For billing inquiries or to arrange payment by credit card or automatic bill pay call Dawn at (609) 528-4700.**

Current Invoice Amount	\$00.00
Current Invoice Payments/Credits	\$0.00
Current Invoice Amount Due	\$00.00
<b>Total Balance Due</b> (incl. current invoice)	<b>\$00.00</b>