

## ELARC V: California East Los Angeles Regional Center Voucher Time Sheet (CA ELARC V)



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EMPLOYEE NAME (LAST NAME, FIRST NAME)

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EMPLOYEE ID

\_\_\_\_\_  
PERSON SERVED (LAST NAME, FIRST NAME)

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PERSON SERVED ID

By signing this form, I attest that services were delivered and received consistent with the Individual Service Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

SERVICE DATE	MM/DD/YYYY	CHECK IN TIME	CHECK OUT TIME	SERVICE
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