

## Hawaii Veteran Directed Time Sheet (HI-VDC)


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 EMPLOYEE NAME (LAST NAME, FIRST NAME)

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EMPLOYEE ID

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 VETERAN NAME (LAST NAME, FIRST NAME)

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VETERAN ID

By signing this form, I attest that services were delivered and received consistent with the Spending 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 the repayment of claim. Collection costs or legal fees will be my responsibility.

Employee Signature

Date

Employer Signature

Date

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