



17759

Utah Salt Lake County Veterans Time Sheet



EMPLOYEE NAME (LAST NAME, FIRST NAME)

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EMPLOYEE ID

VETERAN NAME (LAST NAME, FIRST NAME)

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VETERAN ID

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Service Code

By signing this form, I attest that services were delivered and received consistent with the Comprehensive Care Plan. The Participant was NOT in a hospital, nursing home, or institution 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

Case Manager

Program

Service Date			Start Time			End Time			# Hours
Month	Day	Year	Hour	Minute		Hour	Minute		
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Total									

Return toll-free by faxing WITHOUT COVERSHEET to (888) 249-7023 or mailing to Acumen at 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206