

# DRG TIME CARD

400 Oyster Point Blvd, #440  
 South San Francisco, CA 94080  
 (650) 877-8111 FAX (650) 877-8129

- Medical Management
- Mental Health
- Rehabilitation Therapy

Name \_\_\_\_\_

Disc. (Circle One) OT-COTA-PT-PTA-ST-RN-SW-Other \_\_\_\_\_

Service Code \_\_\_\_\_

Client \_\_\_\_\_

Location \_\_\_\_\_

#	_____
#	_____
OFFICE USE ONLY	

					EXPENSES
SAT. DATE	<u>TIME IN</u>	<u>LUNCH</u>	<u>TIME OUT</u>	<u>HOURS WORKED</u>	1 WAY COMMUTE
	_____	_____	_____	Reg _____	MILES _____
	SUPERVISOR'S SIGNATURE _____			Overtime _____	ON JOB MILES _____
SUN. DATE	<u>TIME IN</u>	<u>LUNCH</u>	<u>TIME OUT</u>	<u>HOURS WORKED</u>	1 WAY COMMUTE
	_____	_____	_____	Reg _____	MILES _____
	SUPERVISOR'S SIGNATURE _____			Overtime _____	ON JOB MILES _____
MON. DATE	<u>TIME IN</u>	<u>LUNCH</u>	<u>TIME OUT</u>	<u>HOURS WORKED</u>	1 WAY COMMUTE
	_____	_____	_____	Reg _____	MILES _____
	SUPERVISOR'S SIGNATURE _____			Overtime _____	ON JOB MILES _____
TUES. DATE	<u>TIME IN</u>	<u>LUNCH</u>	<u>TIME OUT</u>	<u>HOURS WORKED</u>	1 WAY COMMUTE
	_____	_____	_____	Reg _____	MILES _____
	SUPERVISOR'S SIGNATURE _____			Overtime _____	ON JOB MILES _____
WED. DATE	<u>TIME IN</u>	<u>LUNCH</u>	<u>TIME OUT</u>	<u>HOURS WORKED</u>	1 WAY COMMUTE
	_____	_____	_____	Reg _____	MILES _____
	SUPERVISOR'S SIGNATURE _____			Overtime _____	ON JOB MILES _____
THURS. DATE	<u>TIME IN</u>	<u>LUNCH</u>	<u>TIME OUT</u>	<u>HOURS WORKED</u>	1 WAY COMMUTE
	_____	_____	_____	Reg _____	MILES _____
	SUPERVISOR'S SIGNATURE _____			Overtime _____	ON JOB MILES _____
FRI. DATE	<u>TIME IN</u>	<u>LUNCH</u>	<u>TIME OUT</u>	<u>HOURS WORKED</u>	1 WAY COMMUTE
	_____	_____	_____	Reg _____	MILES _____
	SUPERVISOR'S SIGNATURE _____			Overtime _____	ON JOB MILES _____