



Timesheets received via email, text or fax to:

- Email: accounting@travelmssi.com
- Text: 763-355-8476
- Fax to: 1-715-736-2071 or toll free 1-866-736-2071

Name: _____

Phone: _____

Week Ending on Sunday: _____

Regular Hours Worked - Please Use Military Time To the Minute								Total Regular Hours	Check All That Apply			No Break - Initials of Manager
Facility	Unit	Day	Date MM/DD	Time In Hours/Minutes	Lunch Out Hours/Minutes	Lunch In Hours/Minutes	Time Out Hours/Minutes		Left by choice	Sent home by Facility	Extra Shift	
		MON	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM					
		TUE	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM					
		WED	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM					
		THU	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM					
		FRI	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM					
		SAT	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM					
		SUN	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM					

Total Hours:

- Pay periods start on Monday and end on Sunday.
- Timesheets may be turned in as soon as your week is done, but are due by NOON - Central Time on Mondays.
- Lunch breaks are mandatory unless notated and approved by Manager.
- Timesheets MUST be signed by both facility and employee / contractor to be valid.
- To verify receipt of timesheet call: 1-877-217-9825.

On Call / Called In Hours - Please Use Military Time To the Minute								Total On Call Hours	Total Call In Hours	No Break - Initials of Manager
Facility	Unit	Day	Date MM/DD	On Call Hours/Minutes	Call In - In Hours/Minutes	Call In - Out Hours/Minutes	Off Call Hours/Minutes			
		MON	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM			
		TUE	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM			
		WED	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM			
		THU	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM			
		FRI	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM			
		SAT	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM			
		SUN	/	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM	<input type="checkbox"/> AM : <input type="checkbox"/> PM			

EMPLOYEE / CONTRACTOR SIGNATURE:

I understand and agree that all columns must be filled out completely, with exact and **LEGIBLE** information, and that my timesheet must be received by MSSSI no later than **NOON - Central Time on Mondays**. Any discrepancy of these terms may result in delay of compensation.

Employee / Contractor Signature

Comments:

FACILITY AUTHORIZATION: Please check **ONLY ONE** of the following options, sign and **PRINT** your name.

Available for Guarantee - I certify the above hours worked are correct and the employee/contractor was available to work the guaranteed hours.

Printed Authorized Facility Name

Not Available for Guarantee - I certify the above hours worked are correct and the employee/contractor was not available to work the guaranteed hours.

Authorized Facility Signature