



Travel Nurse Timesheet

WEEK ENDING:

MONT	DAY	YEAR

NOTICE TO EMPLOYEES
To be paid, hours worked must be approved and initialed by supervisor.

1485 International Parkway, Suite 2031, Heathrow, FL 32746
Phone 1-800-979-2315 Fax 1-888-798-6035

Travel Employee Name _____
(Please Print Clearly):

Facility Name: _____

	Date	Unit	Start Time	Meal Break Out	Meal Break In	Finish Time	Regular Hours	Overtime Hours	Charge Hours	On Call Hours	Call Back Hours	Holiday Hours	Call Off Hours	Signature Denotes Approval of Hours Worked
														Client Approval
MON														
TUE														
WED														
THUR														
FRI														
SAT														
SUN														
Totals														

*****This section must be filled out completely prior to faxing to Voyage Nursing*****

TOTAL	Regular Hours	Overtime Hours	Charge Hours	On Call Hours	Call Back Hours	Holiday Hours	Call Off Hours

I hereby certify that I am acting as a representative of the Client Facility or the Travel Nurse indicated above and that I have reviewed the information presented on this timesheet. I also certify that all hours are correct and that Voyage Nursing will bill and pay according to this timesheet. I understand that if the hours on the timesheet do not reflect the actual hours worked then I will notify my manager and recruiter immediately. Voyage Nursing will not be responsible for hours worked if they are not documented or signed off on by an approved manager or supervisor of the client facility.

Your Timesheet is complete when:

- 1) Date/Hours are filled in clearly(round to the quarter hour, no military time)
- 2) Facility name is written in clearly
- 3) Travelers name is written in clearly
- 4) Client has authorized each day and total hours worked
- 5) Timesheet is completed and faxed to 888.798.6035 by Monday @ Noon

Failure to fully complete timesheet with all required information may Result in a delay in your payroll being processed

Client Signature: _____ **Date** _____
Client agrees to be invoiced the hours verified on this timesheet

Travel Nurse Signature: _____ **Date** _____
I certify that the hours shown represent my total hours and were verified by an authorized representative