## **Montana Veteran Directed Care Program Timesheet**

| Please Enter 1 | Pay Period Da | ite Rai | nσe·   |              |        |        |                               |                     |
|----------------|---------------|---------|--------|--------------|--------|--------|-------------------------------|---------------------|
| Date           | Start<br>Time | A<br>M  | P<br>M | End Time     | A<br>M | P<br>M | Service Code<br>(Direct Care) | # of Hour<br>Worked |
|                |               |         |        |              |        |        |                               |                     |
|                |               |         |        |              |        |        |                               |                     |
|                |               |         |        |              |        |        |                               |                     |
|                |               |         |        |              |        |        |                               |                     |
|                |               |         |        |              |        |        |                               |                     |
|                |               |         |        |              |        |        |                               |                     |
|                |               |         |        |              |        |        |                               |                     |
|                |               |         |        | r Current Pa |        |        | ccurate and complete.         |                     |

Mail timesheets to: ARIS Solutions- Veteran Dept. PO Box 4409 White River Jct., VT 05001 Secure Fax: 1.802.295.9812 Secure Email: <a href="mailto:veteranpayroll@arissolutions.org">veteranpayroll@arissolutions.org</a>