T-214 Fort Missoula * Missoula, MT 59804 * 406 549-6413 or 1-800-914-4779 * 406-542-0143 fax
1725 MT Hwy 35 * Kalispell, MT 59901 * 406 755-2425 or 1-866-755-2425 * 406-755-2426 fax

Child Development Center

DSP & CAT Time Sheet

**** Attach your Data Collection sheets to this time sheet ****

Employee Name: **Employee Phone:**

Employee Address: **Client Served:**

City/State/Zip: ☐ **CWS** ☐ **FES** ☐ **Part C** ☐ **SL** ☐ **OBRA** ☐ **CAW**

Pay Period Runs the Calendar Month – with time sheets due by the 2nd of the following month.

Date	Start Time	End Time	Check if hours are with client	If hours are without the client, give a description of those hours (training, meeting, travel, working on child projects, etc) *must be approved by FSS*	# of hours
				Total # of hours with client	
				Total # of hours without client	

Employee Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Revised December 2010

CHILD DEVELOPMENT CENTER, INC.

DSP & CAT Travel Claim

NAME_____ PAY PERIOD _____

DATE	TIME DEPART	TIME RETURN	CLIENTS NAME	TRAVELED TO	PURPOSE	MILES TRAVELED	OTHER EXPENSE	COMMENTS
					Total Miles			

ATTACH RECEIPTS FOR OTHER EXPENSES CLAIMED

I certify that this statement, the amount claimed, and receipts are true and correct to the best of my knowledge and that payment for the amount claimed has not yet been received.

Supervisor signature_____

Employee signature_____ **Supervisor signature**_____