Whitaker Pathways | ADVANCED PRACTICE

VISTA | STAFFING SOLUTIONS®

Provider Work Record

Submit to: beth.howard@vistastaff.com or fax to (866) 353-3404.

Provider Name:	
Client Name:	

Weekly Timesheet

Weekday	Date	Start Time	End Time	Total Hours	On Call Y/N?	On Call Start/End	While On Call, if you were called in, list start/end time
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
			Weekly Totals:				

Weekly Mileage

Date	Starting Address	Ending Address	Round Trip/One Way?	Total Miles
			Total Weekly Miles:	

PLEASE NOTE: The 2021 IRS rate for mileage reimbursement is $0.56 per miles. Only list mileage above if it is over 25 miles one way. Mileage will be verified using an online verification site. Any excessive mileage listed will not be paid unless approved first by the client.

Provider Signature: _____ **Date:** _____

I certify that all information I have provided above is true and accurate.

Client Signatures: _____ **Date:** _____

I certify that I agree with the hours and expenses documented above and that I am authorized to approve this Provider Work Record.

Note: All work records must be approved by client. If printed, please email to beth.howard@vistastaff.com or fax to (866) 353-3404. Payments are processed weekly. Work records received by 9:00 am Monday MST will be paid by the following Friday.

Please contact Beth Howard at (801) 428-2398 with any questions. Thank you!