# Monthly Time Sheet for Payment

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|---|---|
| **#1. County:** | |
| **#2. Month/Year:** | |
| **#3. Employee Name:** | |
| **#4. Employer:** | |
| **#5. Customer:** | |

***Submit Time Sheets*** *by the third of the month to:*

RESOURCE CONNECTIONS OF OREGON
FISCAL INTERMEDIARY SERVICES

3876 Beverly Ave NE, Bldg G-1
Salem, OR 97305

Office: 503-485-2510 or (toll free) 1-866-890-2048

Marion Co. Office Fax: 503-485-2515
or (toll free) 1-866-890-2049

Linn Co. Office Fax: 541-704-2725

Yamhill Co. Office Fax: 503-883-0433

| **#6.** Date: | Time In: | Time Out: | Hours: | Ratio: | Code: |
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**Service Codes (from job description):**

| | | | |
|---|---|---|---|
| 725 | 726 | 726S | 730 |
| 731 | 735 | 740 | |

**For Office Use Only**

| Service Code | Customer Ratio | Hours Approved | Pay Rate |
|---|---|---|---|
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| **731A** | | | |

☐ Payroll? Exempt? ☐

**Authorizing Initials:**

**HELP STOP FRAUD:** Check carefully for accuracy of dates, services and amount billed to RCO Fiscal Intermediary Services.

| | |
|---|---|
| **#7. Employee Signature:** | **Date:** |
| **#8. Employer Signature:** | **Date:** |

Rev.1-10