



SVC Code:
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**ALL TIME SHEETS MUST BE IN THE OFFICE BY 12:00 PM EVERY MONDAY**

Date of Service <small>(in consecutive order)</small>	M	MM/DD/YY	T	MM/DD/YY	W	MM/DD/YY	T	MM/DD/YY	F	MM/DD/YY	S	MM/DD/YY	S	MM/DD/YY
	O		U		E		H		R		A		U	

Activities														
Floor Cleaning & Mopping														
Clean Kitchen														
Clean Bathroom														
Clean Kitchen														
Dishes														
Home Organization & De-cluttering														
Packing and Unpacking														
Home Management														
Trash Removal														
Laundry														
Dust Furniture														
Other														
Shopping / Errands														
Meal Planning														
Meal Preparation														
Baking														
Grocery Shopping														
Errands														
Entertainment														
Party Planning														
Pet Care														
Plant Care														
Escort Services														
Transportation														
General Shopping														
Other: _____														
Other: _____														

Time in (Circle AM/PM)	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM
Time out (Circle AM/PM)	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM

<b>Daily Total (Hours)</b>									
<b>Total Hours on This Time Sheet</b>									

**Acknowledgement and Required Signature**

After the Concierge has documented his/her time and activity, the recipient must review the completed time sheet for accuracy before signing and draw a line through any dates and times he/she did not receive services. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the service agreement.

PRINT RECIPIENT NAME (First, MI, Last)		PRINT CONCIERGE NAME (First, MI, Last)	
RECIPIENT/RESPONSIBLE PARTY SIGNATURE	DATE	CONCIERGE SIGNATURE	DATE