

Project Insight Inc.

EVV Timesheet/Service Log

Month Of: _____

Member Medicaid ID: _____

Date	Begin Time		End Time		Hours	Client Full Name	Type of Service	Client / Guardian Initial	Tasks, Comments & Observations
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Note: Client/Guardian Initials above confirm that the hours shown are a true and accurate account of the length and type of service provided. Services not authorized by DDD, Project Insight, and client/guardian will not be paid.

Completed Service Logs must be received in the Tucson office **no later than 9:00 AM** every other Monday, check with office for schedule.

Staff Name: (Print) _____

Total Number of Hours: _____

Staff Signature: _____

Client/Guardian Signature: _____

By signing this timesheet, I attest that the information contained within is correct and true.