TIME SHEET



County Therapy Associates, LLC

Month Year

Location

Baltimore City I&T

Date	Time In	Time Out		Student Name	Parent/Caregiver Signature
Associate Signature				Total Billable Visits:	or DAILY RATE

Preferred methods of submission include: scan and email to countytherapy@msn.com; smartphone picture and text to 410-292-1979 or fax to 866-593-9901. Keep original for your records. PO Box 169, Whiteford, MD 21160