

STANDARDIZED PATIENTS TIME CARD

TRANS CODE G240

NAME:		ACCOUNT #:							
<i>Last</i>	<i>First</i>								
EMPLOYEE #:		APPROVAL:							
WEEK COVERING:		MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL
RATE \$	DATE →								
	HOURS →								

Cut along the line _____

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