



AFTER HOURS BILLING REQUEST

Please complete this form and give to account department – accounts receivable

This form is to be used for all participants and/or caregivers to bill for after regular hours time

PROGRAM MANAGER COMPLETES THIS FORM

NAME	BILLING (PARTICIPANT) NUMBER	
CAREGIVER:	DATE	
BILLING ADDRESS FOR HOME: Accounting will use the address on file unless specified below: <input type="checkbox"/> Use address on file		
DATE OF OCCURRENCE: _____ TIME: FROM: _____ TO: _____ (Billing is in 15 minute segments only) Example: If the individual is here from 3:00 p.m. until 3:20 p.m. Paladin will bill from 3:00 p.m. to 3:30 p.m. We will round up to the nearest, next 15-minute time frame.		

Please complete and turn this form into accounting (accounts receivable) immediately after Director of Social Services signs it.

SIGNATURES:

Signature of Paladin Program Manager Date

Signature of RHS Staff/Guardian Date

Signature of Paladin Social Services Director Date