# Guthrie Mainstream Services LLC
# Employee Monthly Billing Document



**Provider Name:**_____ **Phone No.:**_____ **Pay period:**_____**200**___
(Please print legibly)
**Address:**_____ **City:**_____ **Zip:**_____ **Field Supervisor:**_____

**Change of Address needs to be filed with your Field Supervisor**

| **Client Name** (Alphabetical order) | **Attendant Care** Circle correct one | **Habilitation** | **Respite** | $$$$$$$$ | Office Use Only |
|---|---|---|---|---|---|

| Last Name | First Name | AFC ANC 1-1 | AFC ANC 1-2 | AFC ANC 1-3 | | HAH 1-1 | HAH 1-2 | HAH 1-3 | | RSP 1-1 | RSP 1-2 | RSP 1-3 | | $ Amt Due | N T S | A T C | D & R | T / S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| **Totals** | | | | | | | | | | | | | | | | | | |

| | | |
|---|---|---|
| **Service Hours Due (total of all hours):** | **Training Hours _____x $/hr =_____** | |
| **Admin:** | | **Total $ due this pay period:** |

_____ _____ _____ _____
**Provider Signature (Required)** **Date** **GMS Administration** **Date**

**The above hours are true and accurate and represent all payments due for the pay period indicated. I understand any errors on my part may result in late payment.**