DUDI LA DADTNIEDALLIDA	110 111 000	DDOLUDED TIMEQUEET
PUBLIC PARTNERSHIPS.	LLC - MA PDP -	PROVIDER LIMESHEEL

	Participa	nt's ID:		-		
Participant's Name:				Divi	DC	, _
	Provider's	s ID:		Pul	BLIC PARTNERSHIPS	27207
Provider's Name:				1	Service Code	``L#
FAX TIMESHEETS ONLY TO PPL @ 877-779-4188						_
MAIL: PUBLIC PARTNERSHIPS, One Cabot rd. Ste. 102, Medford, MA 02155						
Week 1 Begin: Sunday (mm/dd/yy) / / / /		Weel	<u>k 2</u> End:	Saturday (mm/do	d/yy) / / / /	
Time IN AM/PM Time OUT AM/PM Total Hours						
Sun AM PM O O O	7	Sun		AM PM O O	AM PM O O	
AM PM O O : AM PM O O :	1	Suii		AM PM O O	AM PM O O	
Mon : AM PM O O : AM PM O O :	Mon		AM PM O O	AM PM O O		
AM PM O O . AM PM O O .		IVIOTI		AM PM O O	AM PM O O	
Tue AM PM O O O I		Tue		AM PM O O	AM PM .	
AM PM O O I I AM PM O O I I		l de		AM PM O O	AM PM .	
Wed AM PM O O O O O	Wed	Wed		AM PM O O	AM PM O O	
				AM PM O O	AM PM O O	
Thu AM PM O O : AM PM O O :		Thu		AM PM O O	AM PM CO CO	
AM PM O O O				AM PM O O	AM PM O O	
Fri AM PM O O O O O O O O O O O O O O O O O O	_	Fri		AM PM O O	AM PM O O	
AM PM O O O O O	_			AM PM O O	AM PM CO CO	
Sat AM PM O O O O	_	Sat		AM PM O O	AM PM O O	
AM PM O O O O O				AM PM O O	AM PM O O	
By signing below, I certify services I have provided to the participant during the times described on this timesheet. I certify that the participant has received reported above.					received hours of service as	
Date (mm/dd/yy): Provider Signature: Date (mm/dd/yy): Participant/Responible Party Signature						gnature:
			//			

USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL CIRCLES COMPLETELY, TRY NOT TO TOUCH THE LINES !!! Per Medicaid regulations the MA PDP program does not allow payroll hours to exceed 40 hours per week.