



# PSIA-AASI Time Sheet

## Northern Rocky Mtn Division

**Clinician Name:** \_\_\_\_\_ **Locations** \_\_\_\_\_

*Directions: Enter days for the following categories for the pay period. These events and their expenses should be pre-planned and approved by your respective discipline chair.*

Date																				Totals ↓	
<b>Reimbursements</b>																					
<b>Clinic/Exam Days x \$140.00</b>																					
<b>Alpine Admin = \$25</b>																					
<b>Training Days x \$64.40</b>																					
<b>Mileage x \$0.40</b>																					
<b>Per Diem x \$63.00</b>																					
<b>Total →</b>																					

I hereby certify that the above information is true and accurate for the above stated period.

\_\_\_\_\_

**Employee Signature** **Date**

I hereby certify that I did not incur injury during the course of my duties for the above state period.

\_\_\_\_\_

**Employee Signature** **Date**