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**Timesheet**

**Support Services Provided**

**SSP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Start**  **Time** | **End**  **Time** | **Total**  **Hours** | **Name of DeafBlind member** | **Reason** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | **Hourly Rate** |  | **Hours**  **Total** |  | **Grand Total $** |  |

**Reason:**

B = ASDB Board Business P = SSP services for DeafBlind personal business

S = ASDB Social Event O = Other, please provide short explanation

**This timesheet must be submitted with your invoice.**