COUNTY HOSPITAL HOME HEALTH

Time and Travel Record

Date:																																
Sta													start Time:								Lunch Start:											
Employee Name:											End Time:						Lunch End:															
Patient Number								Patient Name							Rev		Visit	it	Supply			Supply				1	Non-Vi	sit Time				
								Last				First				Code	de	Time	е	Qty		Code / Desc		ription		ŀ	Hours	Code	Miles			
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Tot En	Total the Visit Time Column, the Non-Visit Time Column and the Miles Column. Enter your totals in the spaces.																															