Vendor Fiscal/Employer Agent (VF/EA)
Financial Management Services (FMS)

QUALIFIED DIRECT CARE WORKER TIMESHEETS AND AUTHORIZED GOODS AND SERVICES

Pay Period START DATE	Pay Period END DATE	Timesheet Received BY 12:00PM	Holiday Check or Direct Deposit Issued
SUNDAY	**SATURDAY**	**TUESDAY**	**FRIDAY**

SAMPLE

FAX SIGNED TIMESHEETS TO Current Vendor at ( )/_____/_____ OR
Mail to: Current Vendor at

Learn how to submit timesheets quickly using _____ Current Vendor Portal at http://www. _____