

OR PTC DCI Fob Timesheet

Provider Name: _____

Consumer Name: _____

Service Period: _____ Mileage: _____

***Do not submit fob timesheets. These are for your records only.** Shift information must be entered into the OR PTC DCI Web Portal (<https://orptc.dcisoftware.com/>) no later than 3 business days after the service period ends for timely payment.

Service Date	Clock-in Time		Clock-out Time	
MM/DD/YY	HH:MM	AM/PM	HH:MM	AM/PM

Clock-in Fob:	<input type="text"/>	Clock-out Fob:	<input type="text"/>
Tasks Provided:	<input type="text"/>		

Service Date	Clock-in Time		Clock-out Time	
MM/DD/YY	HH:MM	AM/PM	HH:MM	AM/PM

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Tasks Provided:	<input type="text"/>		

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MM/DD/YY	HH:MM	AM/PM	HH:MM	AM/PM

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MM/DD/YY	HH:MM	AM/PM	HH:MM	AM/PM

Clock-in Fob:

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Clock-out Fob:

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Tasks Provided:

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MM/DD/YY	HH:MM	AM/PM	HH:MM	AM/PM

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Tasks Provided:

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MM/DD/YY	HH:MM	AM/PM	HH:MM	AM/PM

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Tasks Provided:

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Tasks Provided:

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Tasks Provided:

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Tasks Provided:

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