

RCRC MONTHLY BILLING SHEET

Vendor Name: _____ Vendor # _____ Month: _____ Year: _____

Completed by: _____ Phone #: _____ E-mail: _____

Enter billable units of service in column "U". Hours(H), days (D), month (M) or, Miles (MA)

Enter amount of service provided under day of the month column, totaled far right

L	P	Consumer Name	U	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL				
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