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|  |  | Daily Timesheet   |  | | --- | |  | |  |  |  |
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|  | Employee Name: | |  |  | Date: |
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|  | Department: | |  |  | Location: |
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|  | **Client Name** | **Start** | **End** | **Hours Billed** | **Reason for Appointment** |
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|  | Employee Signature |  |  |  | Department Head Signature |