				Period: Week:			
Employe	ee Partner:				Wk Ending:		
Detail of Lessons/Services							
Dete			Marsh #	Ticket	# of Use	Program Cost	Wage
Date	Service Provided	Member Name	Memb #	#	# of Hrs	Cost	Rate
				TOTALS:			
Denartme	nt Head Signature:		EP Signature:				