



Customer ID#: _____
 (DCS office only)

Consultant Log Sheet, CMS-Payroll Based Journal

Name of Facility: _____
 Company Name: Dietitian Consulting Service
 Month/Year: _____

	Name: Start Date: Termination Date:	Name: Start Date: Termination Date:	Name: Start Date: Termination Date:
Day of the Month	Hours per day onsite minus 30 minute lunch	Hours per day onsite minus 30 minute lunch	Hours per day onsite minus 30 minute lunch
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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14			
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22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
	Total Hours:	Total Hours:	Total Hours:
	Signature:	Signature:	Signature: