

| | |
|---------------|--|
| Student Name | |
| Student CRN | |
| Student D.O.B | |
| Support Type | |

| | |
|----------------|-----------------------------|
| INVOICE NUMBER | |
| Company Name | The Learning Support Centre |
| Funding Body | |



Attended Sessions

| Location | Mode of Delivery | Date | Start Time (HH:MM) | Finish Time (HH:MM) | Total Breaks* (HH:MM) | Total Hours | Student Signature | Support Worker (PRINT NAME) | Support Worker Signature |
|----------|------------------|------|--------------------|---------------------|-----------------------|-------------|-------------------|-----------------------------|--------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

*Breaks – Support provided more than 8 consecutive hours are expected to include a break. Breaks must be recorded within 15min blocks. ‘Comfort’ breaks taken during shorter sessions do not need to be declared

Missed or Cancelled Sessions

Only chargeable missed/cancelled sessions should be included in this section. To ensure that we can process the invoice in a timely manner, please state the date and time when you were informed by the student that the session was cancelled along with the reason for cancellation. For non attendance please enter “NA” into the *Date and Time Informed* box below.

| Reason | Date | Start Time (HH:MM) | Finish Time (HH:MM) | Total Hours | Date & Time Informed |
|--------|------|--------------------|---------------------|-------------|----------------------|
| | | | | | |
| | | | | | |

| | |
|------------------------------|--|
| TOTAL TIMESHEET HOURS | |
|------------------------------|--|