



AT Event Coverage Timesheet

Event: _____

Athletic Trainer Name: _____

Address to Mail Check to: _____

Email Address: _____ Cell Number: _____

Date(s) & Hours worked:

Date (MM/DD/YY)		Time In	Time Out	Hours
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Date		Time In	Time Out	Hours
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				

Total Hours: _____

Rate/Hour: _____

Total Earned: _____

Athletic Trainer Signature

Date

Efficient Movement Representative
Signature Confirming Hours & Rate

Date