



113 Harding Way East
Galion, Ohio 44833

Phone: 419.468.1075
Fax: 419.468.8618
www.galionhealth.org

Invoice

December 17, 2014

Galion St. Joseph School

135 N. Liberty St
Galion, Oh 44833

| Date | Description | Quantity | Amount |
|------------------|----------------|----------|---------|
| 11/2/14-11/8/14 | School Nursing | 2.5 | \$87.50 |
| 11/9/14-11/15/14 | School Nursing | 2.5 | \$87.50 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please remit at your earliest convenience.

Thank You.

| Current | 1-30 Days Past Due | 31-60 Days Past Due | 61-90 Days Past Due | \$175.00 |
|----------|-----------------------|------------------------|------------------------|-----------------|
| \$175.00 | - | - | - | |

Make all checks payable to: Galion City Health Department
Thank you for your business!

TIME SHEET

Galion City Health Department

Per Contract For St. Joseph Catholic School – Galion, Ohio

NAME OF EMPLOYEE: Sandry S. Crossley

FOR WEEK ENDING: 11-7-14

| Day of Week | Morning | | Afternoon | | Extended Time | |
|--------------------------|---------|-----|-----------|-----|---------------|-----|
| | In | Out | In | Out | In | Out |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday <u>11/5/14</u> | 8:30 | 11 | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| TOTALS | | | | | | |

This time sheet must be personally filled out and signed by employee.

Signature: Sandry S. Crossley

TIME SHEET

Galion City Health Department

Per Contract For St. Joseph Catholic School – Galion, Ohio

NAME OF EMPLOYEE: Theresa Swinehart

FOR WEEK ENDING: 11-14-14

| Day of Week | Morning | | Afternoon | | Extended Time | |
|---------------------------|---------|-----|-----------|-----|---------------|-----|
| | In | Out | In | Out | In | Out |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday <u>11-12-14</u> | 8:30 | 11 | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| TOTALS | | | | | | |

This time sheet must be personally filled out and signed by employee.

Signature: Theresa Swinehart



113 Harding Way East
Galion, Ohio 44833

Phone: 419.468.1075
Fax: 419.468.8618
www.galionhealth.org

Invoice

October 31, 2014

St Joseph Schools

135 N. Liberty St
Galion, Oh 44833

| Date | Description | Quantity | Amount |
|-------------------|----------------|----------|----------|
| 10/10/14-10/17/14 | School Nursing | 5 | \$175.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please remit at your earliest convenience.

Thank You.

| Current | 1-30 Days Past Due | 31-60 Days Past Due | 61-90 Days Past Due | \$175.00 |
|---------|-----------------------|------------------------|------------------------|-----------------|
| \$87.50 | - | - | - | |

Make all checks payable to: Galion City Health Department
Thank you for your business!

TIME SHEET

Galion City Health Department

Per Contract For St. Joseph Catholic School – Galion, Ohio

NAME OF EMPLOYEE: Sandy Crossland

FOR WEEK ENDING: 10-31-14

| Day of Week | Morning | | Afternoon | | Extended Time | |
|-------------|---------|----------|-----------|-----|---------------|-----|
| | In | Out | In | Out | In | Out |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | 8:30 | 11:45 AM | | | | |
| Friday | | | | | | |
| TOTALS | 2.5 HR | | | | | |

This time sheet must be personally filled out and signed by employee.

Signature: Sandy Crossland

TIME SHEET

Galion City Health Department

Per Contract For St. Joseph Catholic School – Galion, Ohio

NAME OF EMPLOYEE: _____

FOR WEEK ENDING: _____

| Day of Week | Morning | | Afternoon | | Extended Time | |
|-------------|---------|-----|-----------|-----|---------------|-----|
| | In | Out | In | Out | In | Out |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| TOTALS | | | | | | |

This time sheet must be personally filled out and signed by employee.

Signature: _____

TIME SHEET

Galion City Health Department

Per Contract For St. Joseph Catholic School – Galion, Ohio

NAME OF EMPLOYEE: Sandra Crossland

FOR WEEK ENDING: 10-10-14

| Day of Week | Morning | | Afternoon | | Extended Time | |
|-------------|---------|---------|-----------|-----|---------------|-----|
| | In | Out | In | Out | In | Out |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | 1:30 | 3:45 pm | | | | |
| Friday | | | | | | |
| TOTALS | 1.5 hr | | | | | |

This time sheet must be personally filled out and signed by employee.

Signature: 

TIME SHEET

Galion City Health Department

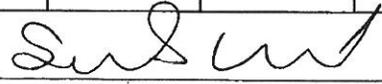
Per Contract For St. Joseph Catholic School – Galion, Ohio

NAME OF EMPLOYEE: Sandra Crossland

FOR WEEK ENDING: 10-17-14

| Day of Week | Morning | | Afternoon | | Extended Time | |
|-------------|---------|-----|-----------|-----|---------------|-----|
| | In | Out | In | Out | In | Out |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | 9 | 10 | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| TOTALS | 1 hr | | | | | |

This time sheet must be personally filled out and signed by employee.

Signature: 



113 Harding Way East
Galion, Ohio 44833

Phone: 419.468.1075
Fax: 419.468.8618
www.galionhealth.org

Invoice

September 15, 2014

Galion St. Joseph Catholic School

135 N. Liberty St
Galion, Ohio 44833

| Date | Description | Quantity | Amount |
|-----------|-------------------------------|----------|---------|
| 9/6/2014 | School Nursing - St. Joseph's | 1 | \$35.00 |
| 9/13/2014 | School Nursing - St. Joseph's | 2 | \$70.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please remit at your earliest convenience.

Thank You.

| Current | 1-30 Days Past Due | 31-60 Days Past Due | 61-90 Days Past Due | |
|----------|-----------------------|------------------------|------------------------|-----------------|
| \$105.00 | - | - | - | \$105.00 |

Make all checks payable to: Galion City Health Department
Thank you for your business!

TIME SHEET

Galion City Health Department

Per Contract For St. Joseph Catholic School – Galion, Ohio

NAME OF EMPLOYEE: Sandra Crossley RP

FOR WEEK ENDING: 9-6-14

| Day of Week | Morning | | Afternoon | | Extended Time | |
|-------------|---------|-----|-----------|-----|---------------|-----|
| | In | Out | In | Out | In | Out |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | 10 | 11 | | | | |
| Friday | | | | | | |
| TOTALS | 1 hr | | | | | |

This time sheet must be personally filled out and signed by employee.

Signature: Sandra Crossley RP

TIME SHEET

Galion City Health Department

Per Contract For St. Joseph Catholic School – Galion, Ohio

NAME OF EMPLOYEE: Sandra Crossley RP

FOR WEEK ENDING: 9-13-14

| Day of Week | Morning | | Afternoon | | Extended Time | |
|-------------|---------|-----|-----------|-----|---------------|-----|
| | In | Out | In | Out | In | Out |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | 9:30 | 11A | | | | |
| Friday | 8:30 | 9 | | | | |
| TOTALS | 2.0 hr | | | | | |

This time sheet must be personally filled out and signed by employee.

Signature: Sandra Crossley RP