



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: 11-8-14

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

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

Signature: Theresa Swinehart



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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: Sandra Crossland

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: Sandra Crossland



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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