



Good Fellowship Ambulance & EMS Training Institute

Serving the Community for Over 50 Years

600 Montgomery Avenue ♦ PO Box 361 ♦ West Chester, PA 19381-0361 ♦ (610) 431-3132 ♦ www.goodfellowship.com

CPR Instructor Timesheet
(Return to William Wells when completed)

Name: _____

Address: _____

Phone Number: _____

SSN Number: _____

Status: Sub-contractor

Department: Training

Date	Start Time	End Time	Regular Hrs.	Travel Y/N	Total Hrs.
Totals:					

Sub-contractor signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Course Taught: _____	
Course Location: _____	
Roster Turned In:	YES NO RATE: \$_____ per/hour
Date Paid: _____	
(For office use only)	