MRDD Title XX Unit of Service Log

Provider: _____ Service Location: _____

Recipient Name or ID Number: _____ Service Month/Year: _____

Recipient Age: _____

Service Date	Time* In	Time* Out	Service* Duration	No. of Units Invoiced	Service Code (5 digits)	Staff Initials	Staff Comments

* Not required if providing 735.01 or 735.03

Staff Name/Title: _____ Signature: _____ Initials: _____

Staff Name/Title: _____ Signature: _____ Initials: _____

Staff Name/Title: _____ Signature: _____ Initials: _____