

TIME & BILLING TIMESHEET - PLEASE FAX TO: Accounting at 1-214-619-8001 (BY 12:00 cst EVERY MONDAY)



TIME REPORT - Week Ending date: _____ (Sunday)

Contract Employee Name:

Position:

Contract Company Name & Address or job location site:

Project Name/Number (if appl.):

Client PO or Funding Number (if appl.):

Phone # at Client Site:

Employee Work Email:

MAIL CHECK: _____ PICK UP CHECK: _____ SPECIAL ARRANGEMENTS:

INTERNAL OFFICE USE ONLY

PAY reg. _____ hrs PAY ot _____ hrs (if appl.)

BILL reg. _____ hrs BILL ot _____ hrs (if appl.)

Please indicate in shaded area which section, if any has changed above

Project Number	Task	Site (City & State)	This Week's Hours (round off to nearest qtr. Hour)	Date	Billable Hours Start Time	Billable Hours End Time	(Lunch)	Vacation Hours (Non Billable hours - reference tracking only)	Total Billable Hours (not including lunch/sick/personal or vacation hrs)
			Monday						
			Tuesday						
			Wednesday						
			Thursday						
			Friday						
			Saturday						
			Sunday						
			Total:						

By my signature below, I certify my reported hours to be a complete and accurate record of all hours worked during this pay period. I understand I am to contact my agency representative after completing an assignment. If I fail to do so, I will be considered to have left work voluntarily without cause and unemployment benefits may be denied.

Contractor Signature: _____

Date: _____

Contractor Name: (Please Print): _____

CLIENT AGREEMENT

IT IS UNDERSTOOD THAT THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE COMPANY, AND HEREBY CERTIFIES THAT THE ABOVE HOURS ARE CORRECT AND THE WORK WAS PERFORMED SATISFACTORILY.

Client Signature (REQUIRED): _____

Date: _____

Client Name (Please Print): _____

Date: _____

AGENCY MANAGER SIGNATURE (OPTIONAL) _____

Date: _____