

EMPLOYEE NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

WEEK ENDING \_\_\_\_\_

DAY	DATE	SHIFT 1,2,3	IN	OUT	Regular Time	Over Time	Double Time
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
<b>TOTALS</b>							

Purchase Order No. \_\_\_\_\_

	Regular Time	Over Time	Double Time
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\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

CLIENT's signature on this timesheet certifies that the hours are correct, that the work was performed to CLIENT's satisfaction and authorizes CRI to bill CLIENT for such hours. CLIENT agrees that, in the event an Assigned Employee works for CLIENT more than forty (40) hours in any workweek, CLIENT will pay an increase in the bill rate to reflect such additional compensation plus applicable markup.

\_\_\_\_\_  
**SUPERVISOR SIGNATURE**

Assignment Completed  Yes  No

**PLEASE SEND TIMESHEET BY TUESDAY 12:00pm TO:**

**FAX: 310.372.4288**

**EMAIL: [accounting@office-resources.com](mailto:accounting@office-resources.com)**