

IMAGE SERVICES
464 INVESTORS PLACE
STE 106
VIRGINIA BEACH, VA 23452

COMPANY NAME (PLEASE PRINT)

ADDRESS CITY

DAY	DATE	TIME IN	TIMEOUT	LESS (LMD)	TOTAL HOURS
MONDAY				()	
TUESDAY				()	
WEDNESDAY				()	
THURSDAY				()	
FRIDAY				()	
SATURDAY				()	
SUNDAY				()	

EMPLOYEE JOB TITLE DEPT. REPORT TO WEEK ENDING / /

EMPLOYEE NOTE: I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named below. I understand I am to contact the office after completion of an assignment to determine if there is other work available for me. All unsigned time sheets are to be returned to employee without a check. Any alterations will void this time slip. Make out new time slip if you make an error.

EMPLOYEE NAME (PLEASE PRINT) EMPLOYEE SIGNATURE

SOCIAL SECURITY NUMBER ARE YOU RETURNING TO THIS ASSIGNMENT? YES NO I WILL BE AVAILABLE FOR A NEW ASSIGNMENT ON DATE / /

CLIENT SIGNATURE OF ACCEPTANCE PRINT NAME

X

CLIENT NOTE: MINIMUM: 4 HOURS PER EMPLOYEE PER DAY Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.

CLIENT TOTAL HOURS (IN WORDS) TOTAL HOURS HOURS TO NEAREST 1/4 HOUR

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

CLIENT NO. PURCHASE ORDER NO. SOCIAL SECURITY NUMBER JOB CAT. # REG HOURS OVERTIME HOURS CBR EPR

VOUCHER AMOUNT I.O.N. # SP CODE SP CD DESCRIPTION SP HRS SPB SPP

PLEASE PRESS FIRMLY

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