

WEEKLY TIME SHEET

Client _____
 Dept./Site _____
 Mgr/Rep.: _____

Week Ending: _____
 FAX _____

NAME	PAY/BILL For Office Use Only	Mon.	Tue.	Wed.	Thu.	Fri.	TOTAL
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TOTALS:							

The client Representative signature below certifies that the hours shown above are correct, that the work was performed to the Client's satisfaction, and that AUE Staffing, Inc. is authorized to bill Client by the terms of the Service Order Confirmation for the work performed by the above employees. It is agreed that timesheets submitted by facsimile transmission are valid for billing purposes. By signing below, the Client Representative indicates that he/she is authorized to approve time and that AUE Staffing, Inc. may rely upon his/her signature as binding upon the client.

 Authorized Client Representative

 Date