



Company Name

**All timesheets must be received by 5:00pm on Monday
for the previous week's hours worked.**

_____/_____/_____
Week Ending

Location

FAX: 866-828-4151
EMAIL PDF FORMAT:
timesheets@footbridgecompany.com

Total Hours Worked

DAY	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HOURS
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

ROUND TO NEAREST ¼ HOUR

***CLIENT SIGNATURE CONSTITUTES ACCEPTANCE OF THE FOLLOWING TERMS:** Client acknowledges that the above signatures indicate acceptance of and satisfaction with contractor's work performed during the time period stated. Client agrees to provide The FootBridge Companies with payment for contractor services according to the hourly bill rate effective for this time period, and within agreed terms for payment.

****CONTRACTOR SIGNATURE CONSTITUTES ACCEPTANCE OF THE FOLLOWING TERMS:** Contractor acknowledges that the hours that appear above indicate actual hours worked. Contractor acknowledges that payment for the above hours will be made in accordance with The FootBridge Companies policies for payroll processing. Client AND Contractor agree that a signed facsimile copy is binding upon them and may be used by the FootBridge Companies. All timesheets must be received by 5:00pm on Monday for the previous weeks hours worked.

INJURY NOTIFICATION: Employee certifies no accident or injury was sustained while working on the assignment unless noted below.

****Contractor name: (PLEASE PRINT)**

****Contractor's Signature:**

***Manager's name: (PLEASE PRINT)**

***Manager's Signature:**