

CLIENT COPY - RETAIN FOR YOUR RECORDS (NO COPY WILL BE FURNISHED WITH INVOICE)
 CLIENT - PLEASE VERIFY DAILY AND WEEKLY TOTALS

Social Security Number	Year	Month	Day	First Name	Last Name	Client Company Name	Initials
Week Ending Sunday Date Work Order No.	Your Tri-Star Staffing Office Location (City)						
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
START							
LUNCH OUT							
LUNCH IN							
END							
DAILY TOTALS							

FOR OFFICE USE ONLY

Round Totals to Nearest 15 Minutes (00153045).

We certify that the above hours including overtime are correct. Client and employee signature includes acceptance of terms and conditions on the reverse side.

W	T	W	T	F	S	S
REGULAR TIME						
OVER TIME						
DOUBLE TIME						
WEEKLY TOTALS						

ADV.

#

EXP.

Employee Signature: (I have read, understand and agree to accept the terms and conditions on the reverse side.)

Client Approval: (I have read, understand and agree to accept the terms and conditions on the reverse side.)

CLIENT EXPENSE APPROVAL

Print Client Name Here



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