



Weekly Timesheet

Fax Number: (781)899-6850

Talent Name:

Week Ending:

Project Name: Job Number:

Social Security:

Client Contact:

Client Company:

Client Location:

	<i>Date</i>	<i>Time In</i>	<i>Time Out</i>	<i>Hours Worked</i>
<i>Monday</i>				
<i>Tuesday</i>				
<i>Wednesday</i>				
<i>Thursday</i>				
<i>Friday</i>				
<i>Saturday</i>				
<i>Sunday</i>				
Total Hours Worked				
Hourly Talent Rate				
Total Fee				

Client Signature: Date:

We appreciate your prompt signing of this timesheet as it directly impacts timely payment to the talent.