



Time Card

Contractor: (Print Name)	<input style="width: 95%;" type="text"/>	Company:	<input style="width: 95%;" type="text"/>		
		City, State:	<input style="width: 95%;" type="text"/>		
Work Phone:	<input style="width: 95%;" type="text"/>	Week Ending Sunday	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
			Month	Day	Year

	Start Time		Lunch Out		Lunch In		End Time		Daily Total		
	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	
Mon.											
Tues.											
Wed.											
Thurs.											
Fri.											
Sat.											
Sun.											
								Total Time:		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

Employee Signature	Client Verification and Signature: I certify hours are correct and authorize payment:
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

A copy of this time sheet must be received by 9:00 AM on Tuesday in order to process payment.
Clear Point Consultants, Inc. 11 Beach St. • Manchester MA 01944 • Tel: 978-526-1996 • Fax: 978-762-0912