

PLEASE FAX TIMESHEET TO 888-627-9820 OR EMAIL TO TIMESHEET@CORNERSTONETEK.COM BEFORE 3PM (CST) MONDAY.



**Contractor Name:**

**Week Ending Date:**

**Agency Contact Number: 512-432-5458**

**Accounts Receivable Number: 512-436-8440**

**Client Site & Address or job location site:**

	DATE	TIME IN	TIME OUT	Total Billable Hours (not including lunch/sick/personal or vacation hrs)
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
<b>TOTAL:</b>				

By my signature below, I verify that the above stated hours are accurate and complete for the pay period represented.

**CONTRACTOR NAME:** \_\_\_\_\_ (PLEASE PRINT)

**CONTRACTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In signing below, an authorized representative of the company acknowledges that the above hours are correct and that work has been performed to satisfaction.

**CLIENT NAME:** \_\_\_\_\_ (PLEASE PRINT)

**CLIENT SIGNATURE:** \_\_\_\_\_ (REQUIRED) **DATE:** \_\_\_\_\_