

WEEKLY TIME SHEET - Example

Company Name: John Smith Cleaning Services

Street Address: 29433 Southfield Rd #112

Invoice Number: 123785

Invoice Number on Timesheet must match the invoice in which the time is being claimed.

Address 2:

Invoice Period: 11/29/20 - 12/5/20

Review that Invoice Period has been filled out according to the billing period on invoice.

City, State ZIP: Southfield, MI 48076

EIN #:

This is a Requirement for all Contractual Service vendors.

Employee Name: John Smith

Contact E-mail:

Manager Name: Jane Smith

Day	Date	Regular Hours	Overtime Hours	Total	Location (Full Address)
Sunday	11/29/2020			0.00	
Monday	11/30/2020	8.00	1.00	9.00	Detroit City Hall, 2 Woodward Ave #200, Detroit, MI 48226
Tuesday	12/1/2020	8.00		8.00	Detroit Fire Department, 13939 Dexter Ave, Detroit, MI 48238
Wednesday	12/2/2020	8.00	3.00	11.00	Detroit Metropolitan Wayne County Airport (DTW), Detroit, MI 48242
Thursday	12/3/2020	8.00		8.00	435 W Alexandrine Detroit, MI 48201
Friday	12/4/2020	8.00	4.00	12.00	6330 W Chicago Detroit, MI 48204
Saturday	12/5/2020			0.00	
Total Hours		40.00	8.00	48.00	
Rate Per Hour		\$10.00	\$15.00		
Total Pay		\$400.00	\$120.00	\$520.00	

Ensure the full address for the location where the work is being conducted has been included. For contract with mileage allowance, this address must match the travel log and any City documentation to confirm was completed. **This is a requirement for any disinfection or sanitization work.**

If negotiated in vendor contract, verify that the rates entered for vendor personnel match negotiated contract rates.

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Employee Signature & Date

Manager Signature & Date