

Transmittal Time Card



The Experts' Payroll Dept.
 Phone: 954-493-8040
 Fax: 954-713-7775
 Time Card Email: timecards@ExpertsIT.com
 Inquiry Email: payroll@ExpertsIT.com

PDF only

Consultant Name: _____

Week Ending: _____

Client: _____

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>	TOTAL
Hours Worked:								
* <i>ONLY</i> enter hours worked - Holidays or PTO will automatically be applied, if applicable.								
Comments:								
Has the assignment been completed? <input type="checkbox"/> Yes If Yes, Date Completed: _____ <input type="checkbox"/> No <input style="width: 150px;" type="text"/>								

Instructions: Fax your time card without a cover page each Monday prior to 10:00 AM to avoid delays. If there are no hours to report for a particular day/week, mark "0" for the day(s). A scanned *PDF* copy of this document can be sent to: timecards@ExpertsIT.com.

I certify that I have worked the hours listed on this time card. While on this assignment I have not had any work related injuries or illnesses that I have not reported to The Experts, Inc.

Consultant's Signature: _____

CLIENT VERIFICATION: The undersigned, as agent for the client company, certifies and approves that The Experts' Contractor named herein worked the hours noted on this card.

Manager's Signature: _____

Print Name & Title: _____

Date: _____