

WEEKLY TIME SHEET

Committee Use Only

Payment Transaction ID: _____

(Committee Name)

Employee Name: _____

Home Address: _____ Phone Number: _____

Period Covering: _____

Salary/Wage: \$ _____ per: hour | day (circle one)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Time In:							
Time Out:							
Total Hours Worked							
Duties Performed	_____ _____						
Salary Amount				Total Hours for Week			

VERIFICATION

I affirm I have performed the duties, worked the hours, and received the salary amount listed above.

Employee Signature

Date

Treasurer Signature

Date

For Committee Use Only

Paid: \$ _____ by cash or check (circle one) Check Number: _____

Paid for by: _____ (Committee or Third Party Vendor)