

WEEKLY TIMESHEET

Fax to 630-270-3540 or email pdf file to timesheets@ameritraining.com (By NOON Monday)

Reporting Week Date:_____

Training Schedule

Wed

Thur

Fri

S

Your Name:_____ Home Address:_____

Assignment City _____ State ____ TTT or Prep or Delivery (circle one)

Tue

Mon

Date

Course

Name											
Course #											
Hours											
NOTE: All classes are paid on a Fixed-Rate basis ie: a 40 hour class is paid at 40 hours. All additional time must be approved by customer. Approved prep-time is paid at 50% and TTT is paid at 75% of training rate.											
Expenses											
					mpany tim						
_		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total		
	DATE										
MEALS											
LODGING											
AIRFARE											
TAXI/RENTA	L CAR										
OTHER	Type										
0	Amount									-	
	Total								+	_	
NOTE: Please		to a date	d sheet for	each day	(all Monday	v on one al	l Tuesday	on anothe	r etc)		
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Date (Loc	ar commute	- Too I IIII	co per uc	ry/Out-Or	town -10	σ milico μ	CT WCCK		rotai		
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