



NAME OF CLIENT

DAILY TIMESHEET

Name

Pay Period Start
(The 1st or the 16th)

Pay Period End
(The 15th or the EOM)

Week One									Total
Week Two									Total
Week Three									Total

Place an "x" in this box if this is your last timesheet.

Comments:

Employee signature Telephone

Client Approval Telephone

Approver: once approved - email timesheet to joel@lookoutsource.com or fax to 408-733-4791. If you have any questions or would like this form in an Excel format, email or call 408-733-4790.