



Week Ending Date:	/ /	Company Name:						
Print Contractor Name	Address:							Phone #:
>	Date:							
Contractor's Signature		Mon	Tue	Wed	Thur	Fri	Sat	Sun
>	IN:							
I certify that the hours reported are correct. I agree that the work was performed satisfactorily and authorize payment for these hours. I agree that the hiring of this candidate by my organization in any manner for any position within the next 12 (twelve) months constitutes acceptance of Pioneer's standard conversion fee schedule. I agree that terms of sales, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The customer hereby agrees to pay all costs of collection or legal fees should such action be necessary due to non-payment.	TO LUNCH:							
	FROM LUNCH:							
	OUT:							
Client Manager's Signature	Total Hours:							
>	<u>Comments:</u>							*** Any changes made to hours must be clearly marked and must be initialed by an authorized representative of the Client Company.
Print Client Manager's Name								
>								
<i>Do not change this form.</i> Failure to complete correctly will cause payment delay.								
<i>Fax this timesheet to 704-943-5858 by 10 AM each Monday.</i>								
For questions contact your Staffing Manager: 704-943-5850 212 South Tryon St, Suite 980, Charlotte, NC 28281								

To be paid, this timesheet *must* contain:

1. The correct week ending date.
2. The correct daily dates.
3. Readable and accurately entered hours. Round to the nearest quarter hour.
4. Your signature
5. Manager's signature