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Time sheet # \_\_\_\_\_

Assignment # \_\_\_\_\_

Writer \_\_\_\_\_

Client \_\_\_\_\_

Writer address \_\_\_\_\_

Client address \_\_\_\_\_

**Writer please complete:**

Type of work done: \_\_\_\_\_

Authorized signature \_\_\_\_\_

Print authorized name \_\_\_\_\_

**Important for the writer:** By executing this form, writer certifies that this form is true and accurate, and that no injuries were suffered.

**Important for client:** By execution of this form, client certifies that hours shown are correct: work was satisfactory; that client will be billed for the full amount, and agrees to the terms and conditions on the reverse side of this form.

Writer's signature \_\_\_\_\_

Social security no. \_\_\_\_\_

Job description	Client P.O. #	Date	Hours	Office use

Authorized expenses/does not include 15% handling charge

Fill this sheet out and fax it to CopyDesk at 310.919.0345

**Total hours** \_\_\_\_\_