

740 W. Alluvial Ave. Fresno, CA 93711-5509 (888) 292-4440 • (559) 431-6428 • Fax (888) 292-4448 www.insurance-relief.com

TIMESHEET

- Employee							
- Employee							
lame							
Employee ID							
Employee ignature							
							without first receiving wi stained no injuries during
- Work Week							
OFFICE # 102		From: _				To:	
			(M	onday)			(Sunday)
T BE RECE	IVED BY	Y INSURAN	CE RE	LIEF B	EFORE 12	2:00 P.M.	EVERY MONDA
			Meals			Total	7
	Date	Start Time	Out In		End Time	Time	
				<u> </u>	-		
	ROUN	D TIME TO THE	NEAREST	T QUARTE	R HOUR		
Appro	oved By						_
AUTHORIZED C	I IENT SIGN	ATUDE			DAT		
AUTHORIZED C.	LIENT SIGN	ATOKE			DAI	.L	
TITLE							
lient approval includ	les verificatio	on of hours worked	DO NOT 9	SIGN IF H	OURS ARE NO	T TOTALED	It is hereby certified by
							f terms and conditions.