



Weekly Time Sheet

| | | |
|---|--|-----------------------------|
| _____ Employee Name <i>(Please Print)</i> | _____ Client / Manager <i>(Please Print)</i> | _____ Week Ending |
|---|--|-----------------------------|

| | SUN | MON | TUE | WED | THU | FRI | SAT | TOTAL |
|---------------------|-----|-----|-----|-----|-----|-----|-----|-------|
| DATE | | | | | | | | |
| Time In | | | | | | | | |
| Time Out | | | | | | | | |
| Lunch | | | | | | | | |
| Billable Hrs | | | | | | | | |
| PTO Hrs | | | | | | | | |

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Expenses | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

** All receipts must be attached to a RennerBrown expense report, and they must be pre-approved by RennerBrown and/or the Client prior to reimbursement.*

Comments: _____ **Manager's Initial** _____

EMPLOYEE SIGNATURE / **DATE**

PROJECT / LOCATION *(Must be Completed)*

CLIENT SIGNATURE / **DATE**

TITLE

**** Fax to RennerBrown (732) 225-5644 by 5:00pm on Monday for payroll to be processed on time, thank you. Questions? Call 800-276-9712**