



Weekly Time Sheet

_____ Employee Name <i>(Please Print)</i>	_____ Client / Manager <i>(Please Print)</i>	_____ Week Ending
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	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
DATE								
Time In								
Time Out								
Lunch								
Billable Hrs								
PTO Hrs								

Expenses								
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** 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**