Comm	ittee	Use	Only
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WEEKLY TIME SHEET

Transaction ID: _____

(Committee Name)									
Employee Name:									
Home Address:									
Phone Number: _	mber: Email Address:								
Salary/Wage/Fee:	y/Wage/Fee: \$ per: hour day Period Covered: (circle one)								
s	unday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Date									
Time In:									
Time Out:									
Hours Worked									
Duties Performed —									
Total Hours Worked				Paid Amount					
VERIFICATION I hereby affirm that the employee named above has performed the duties, worked the hours, and was paid the amount listed above.									
Employee Signature				Date (mm-dd-yyyy)					
Candidate or Treasurer Signature				Date (mm-dd-yyyy)					
For Committee Use Only									
Paid: \$	by cash or check (circle one) Check Number:								
Paid by: Com	mittee	Other:							