

DAILY TIME SHEET

Committee Use Only

Transaction ID: _____

(Committee Name)

Employee Name: _____

Home Address: _____

Phone: _____

Date: _____ Time In: _____ Time Out: _____ Hours Worked: _____

Duties Performed: _____

Salary/Wage/Fee: \$ _____ per: hour | day (circle one) Total Paid: \$ _____

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

Treasurer Signature

Date

For Committee Use Only

Paid: \$ _____ by cash or check (circle one) Check Number: _____

Paid by: Committee Other: _____