



Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Date:	Time In:	Time Out:	Lunch: Yes/No	Amount Taken:	Facility Representative Name Printed	Facility Representative Signature
<b>Total Hours:</b>						

**By Signing above, I certify the hours are true and correct.**

1. All time sheets must be completed.
2. Please fax time sheets to **1-888-311-0649** or scan to [staff@qmstaffing.com](mailto:staff@qmstaffing.com).
3. Time sheets with missing signatures, incorrect or incomplete information will not be processed.

**Office use only**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_