VIP Services 9722 Groffs Mill Drive Suite 105		(Company Name)							TIME SHEET (Week-Ending Date)	
VIP Services, Inc. Attn: HR Department Owings Mills, MD 21117										
				(Address)		y-	205	66-		
EMPLOYEE NAME								REG HOURS	OT HOURS	
Print Last Name, First Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
_										
IMPORTANT TO CLIENT: Exatisfactorily manner and agreement services for me for the hours indical hiring of a VIP Services temporary	nt by the Client to the tented above and authorized	ms and conditi you to bill me	ons printed on the according to your	reverse side of t current rates. M	his form. I certify INIMUM ASSIC	that the above n SNMENT: Four (amed employee	(s) has/have pe	erformed	
Date:	Signature:				Please					
VI 05000000 - F		ALL timesh	eets must inclu	de client's <u>au</u>						