



**INTERPLACE, INC.**

Timesheet Processing Division  
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Email: [accounting@interplace-agency.com](mailto:accounting@interplace-agency.com)

|                   |  |
|-------------------|--|
| <b>FULL NAME:</b> |  |
|-------------------|--|

**USE BLACK BALL POINT PEN**

|          | DATE | DATE | DATE | DATE | DATE | DATE | DATE |
|----------|------|------|------|------|------|------|------|
|          | MON  | TUE  | WED  | THU  | FRI  | SAT  | SUN  |
| TIME IN  | :    | :    | :    | :    | :    | :    | :    |
| MEAL OUT | :    | :    | :    | :    | :    | :    | :    |
| MEAL IN  | :    | :    | :    | :    | :    | :    | :    |
| TIME OUT | :    | :    | :    | :    | :    | :    | :    |
| REG HRS. | :    | :    | :    | :    | :    | :    | :    |
| OT HRS.  | :    | :    | :    | :    | :    | :    | :    |

COMPANY NAME

COMPANY ADDRESS

CITY, STATE ZIP CODE

SUPERVISOR'S NAME (PRINT)

SUPERVISOR'S SIGNATURE

Note: Please round hours worked to the nearest 1/4 hour i.e.: 00, 25, 50, 75

| TOTAL REGULAR |     | TOTAL OVERTIME |     | TOTAL DOUBLETIME |     |
|---------------|-----|----------------|-----|------------------|-----|
| HRS           | MIN | HRS            | MIN | HRS              | MIN |
|               |     |                |     |                  |     |

EMPLOYEE'S SIGNATURE

**Yellow Copy: Client      White Copy: Temp Employee**

**Note to Client:** You will be billed for hours listed on this time sheet.

**Note to Temp:** Please send a complete and accurate time sheet at the end of each week.