



11710 Plaza America Drive, Suite 2000 • Reston, VA 20190
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Contractor/Employee: _____

Client Company: _____

Direct Supervisor: _____

Supervisor Email: _____

Week ending Saturday, _____

Total Hours: _____

Detailed breakdown is as follows:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATE							
TIME IN:							
TIME OUT:							
LUNCH:							
TOTAL:							

- Make sure to update the date and write in the correct *Saturday* week ending
- Round hours to the nearest .25 hour (15 minutes), ex, 8:05 would be 8:00, 8:10 would be 8:15
- Fill in the total for each day, the total hours will auto-calculate.

Contractor's Signature _____

I certify that I worked the hours above.

THE WORK HOURS REPORTED ABOVE ARE CORRECT, AND THE WORK PERFORMED WAS SATISFACTORY. CLIENT SIGNATURE BELOW CONSITUTES APPROVAL TO BE INVOICED.

Supervisor Signature _____

Print Supervisor Name _____

Date _____

PLEASE FAX YOUR WEEKLY TIMESHEET TO (703) 636-8966
OR EMAIL TO ACCOUNTING@MITGROUPLLC.COM
BY 10:00AM ON MONDAY FOLLOWING THE COMPLETED WORK WEEK!
THANK YOU!