



TIME SHEET FORM

PQNDT, INC.

1337 Massachusetts Ave., Box 243

Arlington, MA 02476

800-736-3841 (voice)

781-643-1786 (fax)

TIME SHEET MUST BE SIGNED AND FAXED BACK BY 11 a.m. on MONDAY

Contractor: _____ SSN: _____

Week End Date: _____ (Sunday) Company: _____

HOURS	Straight Time	Overtime	Double Time	Travel	Mileage	Per Diem
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
	TOTAL ST HRS	TOTAL OT HRS	TOTAL DT HRS	TOTAL TRAVEL HRS	TOTAL MILEAGE	TOTAL PER DIEM

Client (*Please Print Name*) Date Client Verification Signature Date

I hereby certify that I am familiar with the work performed by the above named employee, that he or she has worked the above listed hours, that all work performed was to the satisfaction of the company and their client. Company promises to pay PQNDT, Inc. the full amount due for services without deduction. In the event the company directly or indirectly hires above named temporary employee for any position at any time, the company agrees to pay a one-time placement agency fee. It is the responsibility of the company to contact PQNDT, Inc. before hiring any employee for a position. This agreement shall be deemed to have been executed in the Commonwealth of Massachusetts and shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts without regard to its conflict-of-laws rules. Jurisdiction – PQNDT, Inc., and the above company do hereby submit to the personal jurisdiction and venue of the District Court for the Commonwealth of Massachusetts, County of Middlesex, City of Waltham, 38 Linden Street, Waltham, Massachusetts with respect to any dispute, claim or suit. In addition, any reasonable attorney’s fees necessary to collect any placement fee will also be charged. I further certify that I am authorized on behalf of the company to execute this document and further acknowledge PQNDT, Inc. is relying on the information contained herein, and in the execution hereof in paying the employee.

Contractor (*Please Print Name*) Date Contractor Verification Signature Date

I hereby certify that the hours worked were performed by me and certified by an authorized employee of the above named company. I agree I will be paid for only hours and expenses approved by the above company. I further agree not to accept any form of employment from the above named company without the written consent of PQNDT, Inc.