



Week Ending Date ____/____/____

	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
TOTAL	

Company Name _____

Subcontractor Name _____
 (Please print)

Subcontractor Signature _____
 Hours must be faxed to Summit by 8:00 AM (EST) Tuesday after the week you work. Fax# 1-800-843-0869

Customer Signature _____

Summit Technical thanks you for your business. Customer approval includes acceptance of terms and conditions below. Customer agrees that it has sole responsibility for direction and supervision of scope of Subcontractor's work.

Customer hereby certifies that 1) The hours on this timecard are correct. 2) Summit shall not be responsible for Subcontractors being entrusted with unattended premises, or any valuables, by customer. 3) Customer cannot authorize Subcontractors to operate machinery or motor vehicles without permission from Summit. Summit insurance does not cover loss or damage caused by Subcontractor operating customer's motor vehicles. 4) Subcontractors are provided with time cards, which must be signed weekly by customer. Billings will be submitted weekly in accordance with hours authorized on time card. Terms are net 10 days.

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