



**CONTRACTOR COPY**

**Week Ending Date** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Employee Name** \_\_\_\_\_  
(Please Print)


**Employee 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 thanks you for your business. Customer approval includes acceptance of terms and conditions below. Customer agrees that all work was performed under direction and supervision of customer.

**Write TOTAL HOURS**   
(i.e., Forty vs. 40)

	REGULAR	OVERTIME
SUN		
MON		
TUE		
WED		
THUR		
FRI		
SAT		
<b>TOTAL</b>		

The customer hereby certifies that 1) The hours on this timecard are correct. 2) SUMMIT employee will not be employed by/at customer until 90 days have elapsed since completion of any assignment through SUMMIT. 3) SUMMIT shall not be responsible for SUMMIT employees being entrusted with unattended premises, or any valuables, by customer. 4) Customer cannot authorize SUMMIT employee to operate machinery or motor vehicles without written permission from SUMMIT. SUMMIT insurance does not cover loss or damage caused by SUMMIT employee operating customer's motor vehicles. 5) Summit employees are provided with time cards which must be signed weekly by customer. Billings will be submitted weekly in accordance with the hours authorized on time card. Terms are net 10 days. Ref:051506

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**CUSTOMER COPY**

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