

DAILY TIME SHEET

Committee Use Only

Transaction ID: _____

(Committee Name)

Employee Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Date: _____ Time In: _____ Time Out: _____ Hours Worked: _____

Duties Performed: _____

Salary/Wage/Fee: \$ _____ per: hour | day (circle one) Total Paid: \$ _____

VERIFICATION

I hereby affirm that the employee named above has performed the duties, worked the hours, and was paid the amount listed above.

Employee Signature

Date (mm-dd-yyyy)

Candidate or Treasurer Signature

Date (mm-dd-yyyy)

For Committee Use Only

Paid: \$ _____ by cash or check (circle one) Check Number: _____

Paid by: Committee Other: _____