

Invoice

Personnel Professionals

P. O. Box 841103
Houston, TX 77284-1103
281-793-0815

Name: _____

Address: _____

Social Security Number: _____

Phone Number: _____

Billable Time	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Totals
Date								
IN								
OUT								
IN								
OUT								
Total								
Overtime								

As an authorized representative of Personnel Professionals, I hereby certify that the above hours are correct.
Timesheets are due by 7:00 p.m. on Friday and may be faxed to 281-463-1157.
Payday will be the following Friday.
Original timesheets must be mailed or dropped off to 18002 Heaton by 5:00 Wednesday before a paycheck may be picked up on Friday.
Paychecks will be mailed or direct deposited.

Employee Signature: _____ Date: _____

Should the firm wish to hire this person on a permanent basis within one year of this date, we agree to notify Personnel Professionals at once and fulfill our obligation by electing either of the following payment methods: (1) a payment of the standard Texas employment fee of 1% per \$1000 of the annual salary or (2) a conversion period, consisting of 700 straight-time hours, starting upon notification, during which the temporary remains on Personnel Professionals payroll.

Authorization _____ Date: _____