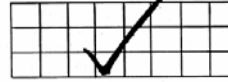


Week Ending: _____
SATURDAY DATE

Print Name: _____
LAST FIRST

Company Name: _____



PROSERVICES
INC.

Time Cards must be approved and faxed by noon on Monday (978) 657-5794

Day	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
# of Hours								

Employee signature
Customer Approval

Presidential Park
314 Main St.
Wilmington, MA 01887
(978) 658-0100
Fax (978) 657-5794