



Ameritraining, Inc

Telecommunication Support Services

WEEKLY TIMESHEET

Fax to 630-270-3540 or email pdf file to timesheets@ameritraining.com (By NOON Monday)

Reporting Week Date: _____

Your Name: _____ Home Address: _____

Assignment City _____ State _____ TTT or Prep or Delivery (circle one)

Training Schedule

	S	Mon	Tue	Wed	Thur	Fri	S
Date							
Course Name							
Course #							
Hours							

NOTE: All classes are paid on a Fixed-Rate basis ie: a 40 hour class is paid at 40 hours. All additional time must be approved by customer. Approved prep-time is paid at 50% and TTT is paid at 75% of training rate.

Expenses

All receipts must accompany timesheet

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
DATE								
MEALS								
LODGING								
AIRFARE								
TAXI/RENTAL CAR								
OTHER								
Type								
Amount								
Total								

NOTE: Please attach receipts to a dated sheet for each day (all Monday on one all Tuesday on another etc.).

Mileage

Date	Show TO and FROM addresses (Local commute -100 miles per day/Out of town -100 miles per week)	Total mileage - 100	Total

