



Premier Staffing Source, Inc.
 4640 Forbes Blvd
 Suite 200-A
 Lanham, MD 20706

Invoice

Date	Invoice #
4/22/2020	91834

Bill To
Dept of Employee Trust Funds PO Box 7931 Madison, WI 53707-7931 ETFSMBAccountsPayable@etf.wi.gov

Task Order #
N/A

Requisition #
N/A

Ship To
Dept of Employee Trust Funds 7th Fl North Tower 4822 Madison Yards Way Madison, WI 53705-9100 [REDACTED]

Account Number
Contract # ETE0015(2)

PO #
#51500-0000000787

Project
N/A

(FEIN)	Terms	Confidential	Vendor ID
[REDACTED]	Net 30	N/A	0000108925

Temp Staff Wor...	Hours/Qty	Period of Performance and Pay Rate	Bill Rate	Amount Due
[REDACTED]	80	BIWEEKLY INVOICE (Sat-Fri) [REDACTED] - Benefits Specialist Maximum PO Period: 09/24/2018 - 06/30/2019 Hourly Pay Rate [REDACTED] Billing Period: 04/04/2020 - 04/17/2020	34.00	2,720.00

Total	\$2,720.00
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Billing Question Phone#:
866-782-4674 (Toll Free)

Payment Contact Phone #:
866-782-4674 x38

Fax #
1-866-892-7315

We appreciate your business!



A wholly-owned subsidiary of IMRG, Inc.

Premier Staffing Source, Inc.

4640 Forbes Blvd., Suite
200A Lanham, MD 20706
Ph: (888) 960-4674
Fax: (866) 825-1194

Please email to London Thomas at: lthomas@premierstaffingsource.com or by fax to (757) 216-9237 and email to pterrell@premierstaffingsource.com

WEEKLY TIMESHEET

PRINT FIRMLY USING BALLPOINT PEN

IF YOU MAKE AN ERROR, CROSS THROUGH THE ERROR AND INITIAL THE CHANGE-DO NOT DESTROY THIS TIMESHEET.

Hours
Worked - Week
Ending Saturday

Month	Day	Year
4	11	2020

EMPLOYEE NAME	LAST 4-DIGITS OF SOC. SEC. #
[REDACTED]	[REDACTED]

Client Job Order # _____

Date	Day of Week	Work-In Time	Lunch Time OUT IN	Work-Stop Time	Regular Hrs. Worked	Approved Overtime Hrs
	Sun					
4/6/20	Mon	6:00 A	11:30 A 12 P	4:30 P	10	
4/7/20	Tues	6:30 A	11:30 A 12 P	5:00 P	10	
4/8/20	Wed	6:00 A	11:30 A 12 P	4:30 P	10	
4/9/20	Thurs	6:30 A	11:30 A 12 P	5:00 P	10	
	Fri					
	Sat					

CLIENT/COMPANY Department of Employee Trust Fund		
DEPT WORKED FOR Benefit Information Section		[REDACTED] BER
ADDRESS 4822 Madison Yards Way		
CITY Madison	STATE WI	ZIP 53707-7931

I AGREE TO SUBMIT MY TIME CARD BY 12 NOON ON MONDAY FOLLOWING THE CURRENT PAY PERIOD. FURTHER I AGREE TO NOTIFY PREMIER STAFFING SOURCE IMMEDIATELY IF I CANNOT REPORT TO WORK.

I certify that I worked for the above company and that all hours indicated were for the performance of my assignment with this company. I will notify my recruiter as soon as the assignment ends.

[REDACTED] 4/9/2020
Date

By signing below, I agree as an authorized representative for the client that work was performed satisfactorily.

Authorized Client's Signature _____ Date _____

Printed Name and Title _____

Authorized Client's Approval of Overtime Hours Worked _____

London Thomas

40	
Total Reg	Total OT

Round to 10th of an hour (for example, 8 hrs. and 15 min. is normally 8.25, round to 8.30 hrs.)



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Hours
Worked - Week
Ending Saturday

Month	Day	Year
4	18	20/20

EMPLOYEE NAME	LAST 4-DIGITS OF SOC. SEC. #
[REDACTED]	[REDACTED]

Client Job Order # _____

Date	Day of Week	Work-In Time	Lunch Time OUT IN	Work-Stop Time	Regular Hrs. Worked	Approved Overtime Hrs
	Sun					
4/13/20	Mon	6:00 A	11:30 A 12 P	4:30 P	10	
4/14/20	Tues	6:45 A	11:30 A 12 P	5:15 P	10	
4/15/20	Wed	6:00 A	11:30 A 12 P	4:30 P	10	
4/16/20	Thurs	6:15 A	11:30 A 12 P	4:45 P	10	
	Fri					
	Sat					

CLIENT/COMPANY Department of Employee Trust Fund		
DEPT WORKED FOR Benefit Information Section [REDACTED] BER		
ADDRESS 4822 Madison Yards Way		
CITY Madison	STATE WI	ZIP 53707-7931

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[REDACTED] 4/14/2020
Date

By signing below, I agree as an authorized representative for the client that work was performed satisfactorily.

Authorized Client's Signature Date

Printed Name and Title

Authorized Client's Approval of Overtime Hours Worked

London Thomas

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Total Reg	Total OT

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