

Dental Fillings Inc.

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TIME SHEET/ INVOICE

- 1.) PLEASE PRESS HARD, YOU ARE MAKING 3 COPIES.
- 2.) BE SURE TO COMPLETE IN ENTIRETY.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET.

EMPLOYEE'S LAST NAME	FIRST	MIDDLE
SIGNATURE		

DENTISTS PLEASE NOTE: TERMS AND CONDITIONS LOCATED ON BACK. PLEASE READ.

AUTHORIZED SIGNATURE

IT IS HEREBY CERTIFIED THAT THE HOURS STATED HEREON ARE CORRECT AND THAT THE WORK WAS PERFORMED UNDER OUR SUPERVISION AND IN A SATISFACTORY MANNER. I HAVE ALSO READ AND AGREE TO THE TERMS AND CONDITIONS HEREON AND ON THE REVERSE SIDE HEREOF.

DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HRS. WORKED
MON				
TUES				
WED				
THUR				
FRI				
SAT				
OFFICE NAME AND ADDRESS				T O T A L

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