



# Timesheet

Complete and fax back to: **905 362 7002**  
 Telephone enquiries: **647 210 5571**

It is the responsibility of the employee to ensure that Magnum Hunt receives this timesheet every Monday to ensure that payment to the employee will be received bi-weekly.

Employee Name  Week Ending Date (Sunday)   /   /

Name  Post Code

Please photocopy this timesheet for your records if required.

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours (Excluding lunch)
Time worked						
Total Hours						

I confirm that the total days worked are correct and will accept your invoice for the chargeable days at the agreed rate as per the terms and conditions of business with Magnum Hunt.

Name of Hiring Manager

Signature of Hiring Manager  Date   /   /

**Tel:** 647 210 5571 **Fax:** 905 362 7002 **Email:** [mkundra@magnumhunt.com](mailto:mkundra@magnumhunt.com)

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