



515 E. Grant St. Suite 150
 Phoenix, AZ 85004
 Staff Scheduling Message Line: 602.456.1223
 Email ALL Invoices to: Invoices@AZEventConnect.com

INVOICE/TIMESHEET

Assigned Position: _____
Contractor Phone: _____
Contractor Email: _____
Week Ending Date (Friday): _____

You are the Contractor and must complete all highlighted fields and obtain signatures from your site location contact. For your payment to be processed in a **TIMELY** manner, please email your invoice to the above email address no later than **5:00pm on FRIDAYS**. Any fields left blank on this document will be considered incomplete and may delay your pay to the following payment cycle.

Contractor Name: _____ **Contractor Signature:** _____

Day	Date	Work Location	Shift Start Time	Shift End Time	Lunch (In Min.)	Authorized Signer <small>PRINTED NAME</small>	Signature of Authorized Signer <small>Signature required from worksite leadership for payment.</small>	FOR OFFICE USE ONLY
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
EXAMPLE	08/02/2023	Sesame Street School	7:45am	3:15pm	30 min		GRAND TOTAL HOURS WORKED <i>To be completed by accounting</i>	

All signatures by the location authorized signer are authorization and approval of the listed times worked above; client accepts all financial responsibility for this invoice unless disputed within 5 business days.

NOTES:

