

HEALTHPRO PLACEMENT SERVICE
 33 Park Drive Putnam Valley, NY 10579
 Tel: (845) 528-5300
 Fax: (845) 528-5303
 www.HealthProsearch.com

VOUCHER

IMPORTANT
 CLIENTS AUTHORIZED SIGNATURE MUST APPEAR DAILY

- (1) Charges for the services provided under this agreement will be billed at the fee specified in the rate schedule effective in the date this voucher is signed.
- (2) This voucher reflects the actual hours worked. However, it is agreed that HealthPro Placement Service (HPS) will charge, and payment shall be made for a minimum fee.
- (3) Payment shall be made within 15 days of the date HPS submits for the services provided under this agreement. All invoices not paid within 90days will be subject to legal action.
- (4) All requests for HPS Temporaries shall be made through HPS. If a HPS Temporary is directly solicited for temporary work by any office signing this voucher, or anyone through his/her directive, that person(s) agrees to pay HPS its regular charges for all services provided by the HPS Temporary within 12months of the date this voucher is signed.
- (5) It is agreed that the person signing the front of this voucher will pay HPS an agency fee if that person, or anyone through his/her directive, hires this HPS Temporary within 12months of the date this voucher is signed for permanent placement.
- (6) All past due invoices will be assessed a finance charge. In the event HPS is required to bring an action to enforce any of its rights, the client will be liable for all legal costs.
- (7) HPS is harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by the client. The client accepts full responsibility for any errors or damages or claims including the defense thereof involving property and liability damage.

ID#: Client Name:

Suite#:

PLEASE FILL OUT AND FAX BACK
 TO OUR OFFICE AT THE
 END OF THE DAY

OfficeNumber:

FaxNumber:

Temp Name:

Social Security Number: _____ - _____ - _____

DAY	DATE	START TIME	LUNCH OUT	LUNCH IN	FINISH TIME	DAILY TOTAL OF HOURS	
MONDAY	/ /	_____	_____	_____	_____	_____	X _____ I have read the terms and conditions accompanying this time card and I agree to be bound by them. It is hereby agreed that the hours stated below are correct and that the work was performed satisfactorily.
TUESDAY	/ /	_____	_____	_____	_____	_____	X _____
WEDNESDAY	/ /	_____	_____	_____	_____	_____	X _____
THURSDAY	/ /	_____	_____	_____	_____	_____	X _____
FRIDAY	/ /	_____	_____	_____	_____	_____	X _____
SATURDAY	/ /	_____	_____	_____	_____	_____	X _____

HOURLY WAGE \$ _____ GRAND TOTAL OF HOURS TO BE PAID AND BILLED _____ TEMP SIGNATURE x _____

ONE CLIENT PER VOUCHER