

<b>AGENCY NAME</b>	<b>Network Promotions and Events, LLC</b>
<b>EVENT NAME:</b>	<b>Keurig Spring Program</b>
<b>PROGRAM NAME</b>	
<b>WEEK (Demo only)</b>	

STAFF: Please scan and email, or fax this completed timesheet to [reporting@networkpromos.com](mailto:reporting@networkpromos.com) by Monday 9 AM

Hours are not valid without  
Manager signature and or Store  
Stamp

**UNPAID  
Lunch\***

\* Please note lunch is not paid time

**Field Manager ONLY**

**Agency ONLY**

DATE	Associate Name (Print)	Position/Booth/ Store #	Time In	Out	In	OUT	Staff Signature	Total Hours	FM Initials	Time Entered in JET? Yes or No	Rate

Please note all Manager Refused events MUST have the Store Manager Name, signature and time listed.

**TOTAL Billable Hours\***

APPROVING SIGNATURES:		PRINT	SIGNATURE	TIME	STORE STAMP (REQUIRED)
Check-in	Store Manager Name				
Check-out	Store Manager Name				
x	On-Site Field Manager				