



**CONTRACTOR TIME SHEET**

Failure to complete the time sheet in its entirety may result in delay of your payment. **Print clearly in all fields.**

Your Name: \_\_\_\_\_ SS# (required): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Promotion Name: \_\_\_\_\_ Client: \_\_\_\_\_

Date(s) of Promotion From: \_\_\_\_\_ To: \_\_\_\_\_

Daily Application Counts:

Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Start Time	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm
Stop Time	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm	_____ am/pm
# of Apps							

Total Number of Applications: \_\_\_\_\_ Total Amount Due Contractor: \_\_\_ \$ \_\_\_\_\_

I, the undersigned, hereby declare that the information submitted herein is true and accurate, to the best of my knowledge. It is understood by all parties that I am an independent contractor and not an employee of CCP Marketing, Inc. As an independent contractor I am responsible for carrying my own workman's compensation, liability insurance, medical insurance, and automobile insurance, as is applicable. I indemnify and hold harmless CCP Marketing, Inc. and its client from any and all claims, demands, actions, causes of action, losses, damages, lawsuits, including reasonable attorneys' fees and court costs, arising from any illness or accident occurring on the job. CCP Marketing, Inc. is not responsible for withholding or paying any local, state, federal or other taxes. Any and all such taxes, income or otherwise, are my responsibility as an independent contractor.

I understand that CCP Marketing, Inc. has been designated by the client to receive and process the information on this sheet on my behalf. I further agree and understand that my commission is based on applications completed, signed and submitted to CCP Marketing, Inc. as agent for the client who engaged me. Applications that are returned or rejected by the client may result in a deduction from my future commissions.

Any questions I may have about this event will be directed to my supervisor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_