



# INVOICE

You may pay by ACH/wire to:  
Wells Fargo Bank, N.A.  
Routing #: 121000248  
Account #: 4060542594

Please remit payment to:  
LLoyd Staffing, Inc.  
PO Box 780994  
Philadelphia, PA 19178-0994  
Billing inquiries: 631.370.7433

Credit Cards Accepted



**BILL TO:** Attention of: Man-Qin He  
CENTRAL SAN PEDRO NC  
1840 S. Gaffey Street  
#212  
San Pedro, CA 90731

Thank you for choosing Lloyd Staffing

PO#

DATE	INVOICE NO.	PAGE	ACCOUNT NO.	TERMS:	
07/15/2018	404657	1	116925	Due Upon Receipt	
PERIOD	DESCRIPTION & EMPLOYEE		HOURS	RATE	AMOUNT
07/09/18-07/15/18	1SEC	Akerblom, Sheryl	9.00	25.74	\$231.66
				<b>PAY THIS AMOUNT &gt;</b>	<b>TOTAL</b>
					<b>\$231.66</b>

Thank you for your part in our Placements with a Purpose program. Every placement generated by LLoyd supports JDRF with a donation to help fight diabetes.

**Lloyd**  
CONNECTING TALENT

18021 Norwalk Boulevard, Suite 205  
Atlanta, GA 30371  
Ph: 532-880-2535 ofax: 532-880-1000 LloydStaffing.com

**EMPLOYEE PLEASE COMPLETE - Be sure to indicate AM or PM.**

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH 4 OR BREAK	TOTAL HOURS
MON		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
TUES	7/10/18	5:30 <input type="checkbox"/> AM <input type="checkbox"/> PM	1:03 <input type="checkbox"/> AM <input type="checkbox"/> PM	/	5
WED	7/11/18	8:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	12:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	/	4
THURS		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
FRI		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SAT		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
SUN		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		

**WEEK ENDING:** 7-15-18

**TOTAL HOURS FOR WEEK TO REQUEST 1/4 HOUR** 9

**PLEASE WRITE TOTAL HOURS WORKED HERE** ▶

**INSTRUCTIONS:**

- Press through use a ball point pen.
- The reports attached for each assignment.
- Hand ORIGINAL & DUPLICATE copy to Lloyd, no later than Friday night.
- Leave CLIENT copy with client company; retain EMPLOYEE copy for yourself.
- Unassigned timesheets will be returned without payment.

**REMARKS:** All hours must be approved for each day worked. Hours will not be paid if not approved daily.

**Minimum: 4 hours per employee, per day.**

**COMPANY NAME** (Please print) Central San Pedro LLC

**ADDRESS** 1840 S. Gaffey St. #212, San Pedro, CA 90731

**REPORT TO** Maria Couch  
**JOB TITLE** Treasurer  
**WEEK ENDING** 7-15-18

**FIRST TIME AT THIS CLIENT COMPANY?**  Yes  No  
If yes, Temporary Associates must indicate they have received the following Orientation Training on this assignment. (Please check)

Emergency Evacuation Procedures  Job Site & General Safety Rules  Policy & Procedure Review

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the facility named above and that I received the required training. I understand I can contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

**EMPLOYEE NAME** Sheyl Akerblom  
**EMPLOYEE SIGNATURE** *Sheyl Akerblom*

**SOCIAL SECURITY NO.** | | | | - | | | |

**CLIENT SIGNATURE OF ACCEPTANCE** *Maria Couch*  
**PRINT NAME** Maria Couch

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. Please do not advance monies to employees. Minimum 4 hours per employee per day.

Be sure to call Lloyd Staffing immediately when assignment ends or we will assume you are no longer available for work.

14 00  
Central Transcript

**EMPLOYEE INFORMATION**

To avoid delays be sure timesheets are completely filled out. This includes required signatures by yourself and authorized representative of the client.

**OVERTIME**  
You are permitted to work overtime only with the request and approval of the client. Approval must be obtained from us by the client. WORK WEEK: Work in excess of (40) forty hours in a work week (Monday-Sunday) will be paid at one and one-half (1-1/2) your regular rate.

**LUNCH**  
Your lunch hour will be determined by your supervisor to whom you are assigned. When working a full day, the law requires a minimum of 1/2 hour of lunch.

**ABSENCES - LATENESS**  
Call us immediately if you must be absent or late. Do not call the client. LLOYD STAFFING will call the client.

**ON-THE-JOB SAFETY**  
Employee certifies no accident or injury was sustained while working on the assignment that has not been previously reported to the Human Resources office at LLOYD.

**TRAINING**  
You must complete the Training Orientation every time you go to a new assignment.

**TERMS & CONDITIONS FOR LLOYD STAFFING**

I certify that I am authorized to sign on behalf of the named company ("Customer"), the total hours shown on the reverse side of this timesheet are correct, the work was performed in a satisfactory manner, and my signature is authorization to bill the named Customer. We understand that this person is an employee of LLOYD and is not to be used on a temporary basis. In the event we or any of our affiliates, or any company to whom we assign to perform this person, either (a) employ this person on a permanent or temporary basis, (b) use this person's services in a consulting or freelance capacity, or (c) use this person's services through another temporary service within one (1) year after the person's temporary assignment, we agree to pay LLOYD a fee of 25% of the total annualized compensation rate of the employee in the new capacity.

LLOYD guarantees satisfaction with its employee's services by extending a four (4) hour guarantee period. If, for any reason, we are dissatisfied with the employee assigned to us, LLOYD will not charge for the first four (4) hours worked by such employee, provided that LLOYD replaces the individual assigned to us. LLOYD will not charge for the first four (4) hours for (a) hours, we agree that the employee assigned by LLOYD is satisfactory.

I confirm the prior agreement between LLOYD and Customer with respect to the services performed hereunder and any future services, that (a) Customer shall not unilaterally terminate LLOYD's employees with irrevocable penalties, cash, negotiable or other valuables or authorize such employees to operate machinery or motor vehicles without the prior written consent of LLOYD in each instance and will therefore indemnify and hold LLOYD harmless from any such claim arising out of a breach of the foregoing inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage. (b) LLOYD'S insurance does not cover losses or damages caused by the operation of Customer's owned or leased motor vehicles by LLOYD'S employees, and Customer therefore accepts full responsibility for any claims, including the defense thereof, including bodily injury, property damage, theft, collision, cargo damage or public liability damage sustained or incurred as a result of a LLOYD'S employee driving such vehicle, or acting out of or involving violation of Customer's policies or procedures. (c) LLOYD is not responsible for claims made under its Fidelity Bond and any such claims are stipulated in writing to be by Customer within thirty (30) days after occurrence. (d) Customer shall indemnify and hold LLOYD harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to business owned or controlled by Customer and to which LLOYD'S employees are assigned and (e) under no circumstances will LLOYD be responsible for claims arising from work performed by LLOYD'S temporary employees unless such claims are reported in writing to LLOYD by the Customer within thirty (30) days after the last date of the temporary employee's assignment to the Customer. Customer recognizes LLOYD'S employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc., with LLOYD.

Temporary employees are assigned to Customer's job site based upon the job description given and the known qualifications of the employee. UNAUTHORIZED WORK PERFORMED BY LLOYD'S EMPLOYEES IS STRICTLY FORBIDDEN. ANY TEMPORARY EMPLOYEE INCURRED WHILE ENGAGING IN UNAUTHORIZED WORK MAY NOT BE COVERED UNDER LLOYD'S WORKERS COMPENSATION INSURANCE.

Customer acknowledges its understanding that LLOYD'S insurance is for labor and agrees to pay such amounts upon receipt. If any amounts remain unpaid thirty (30) days after invoice date, Customer agrees to pay LLOYD a late payment charge at the rate of 1-1/2% per month (18% per annum) on each unpaid amount. Customer also agrees to pay LLOYD its reasonable costs of collection, including its reasonable attorney's fees and disbursements.