

Temp Invoicing Summary Sign-off Form

Personal Details - 07 April 2016

Candidate Name	Click here to enter text.	Email	Click here to enter text.
Candidate Reference	Click here to enter text.	Interview Notes Completed in Profile	<input type="checkbox"/> Yes
Registration Form in Profile	<input type="checkbox"/> Yes		
Start Date	Click here to enter text.	Payment Type (hourly or daily)	Hourly
Candidate Confirmation Completed	<input type="checkbox"/> Yes		
W-4 Form & I-9 Form Completed	<input type="checkbox"/> Yes	Valid Identification Received	<input type="checkbox"/> Yes
Direct Deposit or Total Pay Card Completed	<input type="checkbox"/> Yes		
Benefits Form Completed	<input type="checkbox"/> Yes <input type="checkbox"/> Declined		
Reference 1		Date taken	Click here to enter text.
Reference 2		Date taken	Click here to enter text.
Personal Data Sheets Completed	<input type="checkbox"/> Yes		
Standard Conditions for Recruitment Services Completed	<input type="checkbox"/> Yes		
MPI Drug Policy and Agreement Completed	<input type="checkbox"/> Yes		

Placing Consultant Details

Placing Consultant	Click here to enter text.	Team Code	Click here to enter text.
Placing Manager	Click here to enter text.	Placing Office	Click here to enter text.

Client Billing Information

Company and Billing Address	Click here to enter text.				
Work Location	Click here to enter text.				
(For Accounting Use Only) Client Taxable Based on Candidate Work Location	<input type="checkbox"/> Connecticut <input type="checkbox"/> Philadelphia, PA <input type="checkbox"/> PA (Excluding Philadelphia)				
Client Credit Check Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Signed Client Confirmation Completed	<input type="checkbox"/> Yes				
Invoice Contact:	Click here to enter text.	Email Address:	Click here to enter text.	Phone Number:	Click here to enter text.
Accounts Payable Contact:	Click here to enter text.	Email Address:	Click here to enter text.	Phone Number:	Click here to enter text.
Billing Method	<input type="checkbox"/> MP/PageGroup Web Center		<input type="checkbox"/> Third Party Client		<input type="checkbox"/> Manual (bi-weekly or monthly) Billing
Web Center Invoice Retriever	Name: Click here to enter text.			Email Address: Click here to enter text.	
Payment Terms (per PSA/Client Agreement)	<input type="checkbox"/> Due Upon Receipt <input type="checkbox"/> Net 30			<input type="checkbox"/> Net 15 <input type="checkbox"/> Net 60	

	<input type="checkbox"/> Other (Please specify)		
Purchase Order # (if applicable)	Click here to enter text.		
Profile Job Reference	Click here to enter text.		
Candidate Regular Pay Rate	Click here to enter text.	OT Pay Rate	Click here to enter text.
Client Regular Bill Rate	Click here to enter text.	OT Bill Rate	Click here to enter text.
Candidate's Approver/Manager	Click here to enter text.	Email Address	Click here to enter text.
Time Sheets	Third Party Web	E-Time	Manual
Agency Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tenure Discount	Click here to enter text.
Referral?	<input type="checkbox"/> Local <input type="checkbox"/> International <input type="checkbox"/> None	If Local, by whom? *If International, please complete the box below.	Click here to enter text.
Abides By Delegation of Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Minimum Temp Mark Up Reached	<input type="checkbox"/> Yes <input type="checkbox"/> No		

* International Referrals:	
Name of Foreign Consultant	Click here to enter text.
Country of the Foreign Consultant	Click here to enter text.
Division of the Foreign Consultant	Click here to enter text.
Referral Fee due FROM: MPI USA/MPI Canada	Click here to enter text.
Referral Fee Currency	Click here to enter text.
Percentage of Referral Fee	Click here to enter text.

Manager Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____