



CLIENT:	LOCATION:	DRIVER:
ADDRESS:		INDUSTRIAL:
		CLERICAL:
		ENGINEERING:
EMPLOYEE:	ORDER NUMBER:	WEEK ENDING:

	START	MEAL BREAK	FINISH	TOTAL HOURS
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

TOTAL HOURS

I CERTIFY THAT THE HOURS SHOWN ON THIS TIME SHEET HAVE BEEN WORKED AND WILL FORM THE BASIS FOR AN INVOICE.
SIGNING THE TIMESHEET INDICATES SATISFACTORY WORK PERFORMANCE AND ACCEPTANCE OF OUR TERMS OF BUSINESS.

CLIENT SIGNATURE..... DATE.....

NAME: POSITION
