



# DAILY TIME SHEET

Week Ending: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
 Last, First Middle

JOB NO.	COST CODE	REG		DESCRIPTION	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL	MILEAGE	AMT	TOTAL

				Per Diem									<i>Per Diem Total</i> <input type="text"/>		
				Daily Mileage											

**LOSS CONTROL STATEMENT:** By my electronic signature below, I certify that during the pay period specified above, I have not been injured during my work shift, nor have I witnessed an accident resulting in injury to someone else. I verify that the hours above are correct for the pay period specified.

Superintendent: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

Project Manager: \_\_\_\_\_

\*\*\*Complete Step 1 daily. Please verify and complete all fields before completing Step 2\*\*\*