Daily Time Sheet for Non-Chargeable

N/C Site Name: Date:

Project Name: Group: N/C

_____ OF _____

Employee Name	Total Hours	Hour Description	Mileage	Per Diem	Expense Amount	Company Card or Account *Attach receipt and/or ship ticket to this form.*
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
						Yes or **No**
TOTAL						

Foreman Printed Name: **Project Manager Printed Name:**

Foreman Signature: **Date:** **Project Manager Signature:** **Date:**