



Daily Time Sheet for On-Job

Customer Name: _____ Date: _____

Project Name: _____ Group: _____

Rig & Section (If applicable): _____ OF _____

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

Supervisor Printed Name: _____ Project Manager Printed Name: _____

Supervisor Signature: _____ Date: _____ Project Manager Signature: _____ Date: _____