

Project title: _____ CTGY: _____
 Name: _____ SIN: _____
 Corp. Name: _____ GST / HST #: _____

Union: _____ Week Ending: _____
 Rate (\$): _____ Work Province: _____
 Hourly Flat Daily Weekly

Day	Date	Travel Start	Call	Meal 1 Out	Meal 1 In	Meal 2 Out	Meal 2 In	Wrap	Travel Home	Total Hours	Time					MP		TA	ACCT	EPSD	LOC	SET	FF	INS								
											1x	1.5x	2x	3x	NDB	AM	PM															
Sun																																
Mon																																
Tues																																
Wed																																
Thurs																																
Fri																																
Sat																																
Totals																																
Eq. Hours																																

Approved by:
 Dept. Head: _____ Prod. Mgr.: _____

Employee Signature: _____

Accounting Only:

Acct	EPSD	LOC	SET	FF	INS	Units	Description	Rate	Totals
							Regular		
							OT 1.5X		
							OT 2X		
							OT 2.5X		
							OT 3X		
							STAT HOL		
							TA		
							MP		

Other Payment

Item	Amount	Acct	EPSD	FF	INS
Kit					
Car					
Cell					
Mileage					
Per Diem					
WFH Allow					
Stipend					

Communications