

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																															
<b>Totals</b>																															
<b>Eq. Hours</b>																															

**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		
<b>Grand Total</b>									

**Other Payment**

Item	Amount	Acct	EPSD	FF	INS
Kit					
Car					
Cell					
Mileage					
Per Diem					
WFH Allow					
Taxable Meal					
Non Tax Meal					

**Communications**