

NAME: _____

JOB NUMBER:		DAY / DATE:	MEALS / TIME OFF THE CLOCK: OUT: IN:
JOB NAME:		WORK PERFORMED / CODE:	OUT: IN:
ARRIVAL TIME:	DEPARTURE TIME:		TOTAL HOURS WORKED PER DAY:
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ARRIVAL TIME:	DEPARTURE TIME:		TOTAL HOURS WORKED PER DAY:
EXPENSES:		OTHER: (Mileage, Drive Time, Per Diem, etc.)	
Authorized by: _____			
Job Name/ Job # _____			
Item(s): _____			
\$ Amount: _____			
			TOTAL HRS PER WEEK

(A) **Systems Component Installation:** Fire alarm, telephone, sound, video, security, data, annunciator, intercommunication, public address & access control. (B) **Systems Wire and Cable Installation:** Same systems as A. (C) **Systems Termination:** Terminate systems in A. (D) **Systems Maintenance and Service:** Troubleshooting, testing, repair & replacement of systems in A. (E) **Systems Testing and Start-up:** Insure systems operate as designed.