



Phone: 281-479-4277
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DAILY PROJECT TIMESHEET

Customer: _____ Project Title: _____ Job Number: _____ Day Shift
 Location: _____ Client Order No: _____ Date: _____ Night Shift

LABOR					EQUIPMENT		MATERIALS				
EMPLOYEE NAME	TRADE	PER DIEM	START TIME	END TIME	TOTAL HRS	EQUIPMENT ITEM	No. UNITS	DAILY/Per Shift	EQUIPMENT ITEM	No. UNITS	SHIFT HRS
1											
2											
3											
4											
5											
6											
7											
8											
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19											
20											
21											
22											
23											
24											
25											

JOB ITEMS QUANTITY DELAY OR STAND-BY
 PER DIEM:
 PPE:
 TRAVEL MILES:

IPS Representative _____ Date _____

Client Representative _____ Date _____