



ADDITIONAL WORK ORDER DAILY TIME SHEET

3515 Janes Ave., Suite 1
Saginaw, MI 48601
Phone (989) 753-5599 Fax (989) 753-3119

DTS# _____

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Week Ending Date _____ Shift Start Time _____ Shift Quit Time _____

MIS Job No. _____ Job Name : _____

Location : _____

Description of Work: _____

Rented Equip? _____

Supply Shipper No.(s): _____

ADDF No.(s): _____

Table with columns: NAME OF WORKER, Class, Actual Number of Hours Worked (MON-SUN), Total Hours, Office Use Only. Includes rows for worker entries and a 'Subcontractor' checkbox.

If job is complete, insert an "X" on date completed

MIS Supervisor _____

PO NUMBER:

(Sign In Ink)

(Date)

Signed _____

Customer

(Date)