

Employees, Check of Form

1. Invoice # _____
2. Name Client _____
3. Date , _____
4. Time of Job, Hr 01 02 03 04 05 06 07 08 09 10 11 12 : AM PM
5. Total Hours _____
6. Employee Hours on job-site/worked. _____
7. Employee Name _____
8. Client sign off on job work done! _____
9. Customer is Employee requested to returning back to job on another day: YES or NO
10. What is requested _____