



Miscellaneous Expenses

| Job Name / AFE or PO# | Description | Amount |
|-----------------------------|-------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Reimbursement: | | \$ - |

Employee Name: _____
 Employee Classification: _____
 Employee Contact Number: _____

Field Office Location: _____
 Office Name: _____
 Office Address: _____
 City/State/Zip: _____
 Office Phone: _____

| Description Client / Job Name / AFE# or PO # | | Week Ending: _____ | | | | | | | | | | | | | | PROJECT WEEK TOTALS | |
|---|---------------|--------------------|-------|--------|-------|---------|-------|-----------|-------|----------|-------|--------|-------|----------|---|---------------------|-------|
| | | Sunday | | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | HOURS | MILES |
| | | HOURS | MILES | HOURS | MILES | HOURS | MILES | HOURS | MILES | HOURS | MILES | HOURS | MILES | | | | |
| STRAIGHT TIME | | | | | | | | | | | | | | | | | |
| OVERTIME* | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | | | | | |
| STRAIGHT TIME | | | | | | | | | | | | | | | | | |
| OVERTIME* | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | | | | | |
| STRAIGHT TIME | | | | | | | | | | | | | | | | | |
| OVERTIME* | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | | | | | |
| STRAIGHT TIME | | | | | | | | | | | | | | | | | |
| OVERTIME* | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | | | | | |
| STRAIGHT TIME | | | | | | | | | | | | | | | | | |
| OVERTIME* | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | | | | | |
| STRAIGHT TIME | | | | | | | | | | | | | | | | | |
| OVERTIME* | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF WORK PERFORMED | | | | | | | | | | | | | | | | | |
| Timesheet Totals | STRAIGHT TIME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | OVERTIME* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

*PER DIEM AND MILEAGE WILL BE BILLED PER CUSTOMER ACCEPTED RATE SHEET / PER DIEM AND MILEAGE WILL BE PAID PER SIGNED PAY AGREEMENT
 *ELECTRONICS WILL BE BILLED PER CUSTOMER ACCEPTED RATE SHEET / ELECTRONICS WILL BE PAID PER SIGNED PAY AGREEMENT
 *FOUR WHEELER WILL BE BILLED AND PAID ON DAYS WORKKED ONLY WHEN APPROVED TO USE
 *OVERTIME WILL BE BILLED AND PAID AFTER 10 HOURS DAILY ONLY ON APPLICABLE PROJECTS

Employee Signature: _____
 Company Approval Signature: _____
 Client Approval Signature: _____