

KLASSEN BROTHERS NORTHERN LTD.- TRANSPORT

Name: _____ Month: _____ Year: _____

| Day | Date | Own Trk | Driving Time | Swamping Time | Service Time | Total Hours | Trk Unit # | Job # | Client | Subsistence | | |
|-----------|------|---------|--------------|---------------|--------------|-------------|------------|-------|--------|-------------|-------|-----|
| | | | | | | | | | | Foreman | Motel | Sub |
| Sunday | | | | | | | | | | | | |
| Monday | | | | | | | | | | | | |
| Tuesday | | | | | | | | | | | | |
| Wednesday | | | | | | | | | | | | |
| Thursday | | | | | | | | | | | | |
| Friday | | | | | | | | | | | | |
| Saturday | | | | | | | | | | | | |
| Sunday | | | | | | | | | | | | |
| Monday | | | | | | | | | | | | |
| Tuesday | | | | | | | | | | | | |
| Wednesday | | | | | | | | | | | | |
| Thursday | | | | | | | | | | | | |
| Friday | | | | | | | | | | | | |
| Saturday | | | | | | | | | | | | |

Please fill in your Time Sheet COMPLETELY and submit to the Office IMMEDIATELY after cutoff!!
 Service time may be revoked if servicing is NOT DONE or is not done satisfactory!

Signature: _____