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Services Time Sheet

Date work performed	
Engineer	
Job Ticket Number	

Customer Details

Company	
Contact Name	
Phone Number	
Address	

Description of Problem and/or Work Performed

Billing Details

Date	Start Time	End Time	Travel Time	Other Billable Time	Breaks (hours)	Total Billable Time*

*Please note that total billable time will be charged at hourly increments **Total**

Expenses (attach receipts to original)

Date	Expense Description	Purpose	Amount
Total Expenses			

 Engineer's Signature and Date

 Customer's Signature and Date

 Engineer's Name
(certifying satisfactory performance, working hours as stated)

 Customer's Name
(certifying satisfactory performance, working hours as stated)