EMPLOYEE NAME:

WEEK ENDING:

CENTAUR ELECTRIC INC.
4002 S. 108TH STREET
OMAHA, NE 68137

TIME SHEET

DAY	DATE	JOB NAME	JOB NUMBER	REG HOURS	OT HOURS	TRAVEL TIME	START TIME	END TIME
			TOTAL HOURS	0	0	0		

JOB#	DESCRIPTION OF EXPENSE	AMOUNT

EMPLOYEE SIGNATURE: _____