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					

JOB#	DESCRIPTION OF EXPENSE	AMOUNT

EMPLOYEE SIGNATURE: _____