



DAILY TIMESHEET

NAME: _____

DATE: _____

BILL TO	TYPE	HOURS	DESCRIPTION

TOTAL HOURS	
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UNIT #: _____

MILEAGE: _____

REPAIRS NEEDED: _____

OIL
 WASHER
 COOLANT
 BATTERY
 STEERING
 FIRST-AID
 BELT
 BRAKES
 TIRES
 LIGHTS
 WIPERS
 FIRE EXTINGUISHER

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE