

## CERTIFIED DAILY TIMESHEET

Name \_\_\_\_\_ Position \_\_\_\_\_

Project Name \_\_\_\_\_ Account # \_\_\_\_\_

Month of: \_\_\_\_\_

Date	Full Day	1/2 Day	Date	Full Day	1/2 Day
1			16		
<del>2</del>			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		

Total Days \_\_\_\_\_ X Daily Wage \_\_\_\_\_ = \$ \_\_\_\_\_  
 (3 1/2 hours = 1/2 day)

I hereby certify that the above is a correct statement of time furnished for the Scott County Schools.

Signed: \_\_\_\_\_

Approved for Payment  
 Signed: \_\_\_\_\_