

Master Time Card

Pay Period

From: 07-23-14

To: 07-29-14

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Employee Name:	WED	THUR	FRI	SAT	MON	TUE	TOTAL	Reimburs.	Signature	Read bottom ** prior to signing your signature confirms agreement with the ** statement below.
Ed Chavez Project Code:	8	8	8	9	8	8	49	32.5		
Paul Kendrick Project Code:	8	8	8	8	7.5	8	47.5	39		
Carlos Martinez Project Code:	8	8	/	/	8	/	24	/		
James Martinez Project Code:	8	8	/	/	8	8	32	32.5		
Roman Martinez Project Code:	8	8	8	9	8	8	49	39		
Mitchell Miles Project Code:	8	8	8	8	8	8	48	45.5		
Hugo Paniagua Project Code:	8	8	8	9	8	8	49	/		
Hector Roman Project Code:	8	8	8	8	8	8	48	58.5		

**By signing my name above, I do hereby certify that the hours of employment reported above are true and correct. Furthermore, I have suffered no injuries of any kind, whatsoever. If any injuries have been sustained, said injuries have been reported to my supervisor or office. If required, medical treatment was sought and provided accordingly.