



WEEKLY T&M TIMESHEET

PHYSICAL FACILITIES DEPARTMENT

Contractor: _____

Work Order: _____

Bldg Name / Room #: _____

(Please Print Legibly)		MON		TUE		WED		THUR		FRI		SAT		SUN		Total Straight Hours	Total Overtime Hours
		ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT	ST	OT		
I.D.#	NAME:																
Total Weekly Hours:																	

Include electronic copy of Miami Work Order when submitting

% Work Complete: %

Specific details regarding work recorded on this timesheet. ***REQUIRED***

SCOPE / INVESTIGATE
 ORDER MATERIALS
 MATERIAL PICKUP/DELIVERY
 SITE PREP / PROTECTION
 DEMO
 CONSTRUCT (ADD INFO BELOW)
 CLEAN UP
 PUNCHLIST

Additional info / detail in additional to, or not covered above:

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: _____
Contractor representative Date

ALL INFORMATION PRESENTED ON THIS DOCUMENT WILL BE REVIEWED AND APPROVED BY PROJECT MANAGER / MIAMI REPRESENTATIVE