LEMBERG ELECTRIC
TIME REPORT

Employee Name ______________________________ Employee # __________

PAYROLL WEEK ENDED ____________

Job Number	Cost Code PHASE	Job Name	Date	SUN	MON	TUE	WED	THU	FRI	SAT	Total	Expense
			ST								0	
			OT								0	
			DT								0	
			ST								0	
			OT								0	
			DT								0	
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			DT								0	
										ST	0	
										OT	0	
										DT	0	

PHONE (262) 781-1500 FAX (262) 364-0361

A - SEE OTHER TIME
P - OFF/PERSONAL
S - OFF/SICK
V - OFF/VACATION

Cost Codes		
050 Travel	200 Wire	700
060 Supervision	210 Branch Wire	800 Site
070 Temporary	220 Feeder Wire	900 Systems
080 Material Handler	300 Trim	910 Fire Alarm
100 Rough-in	400 Motor Connections	920 Nurse Call
110 Branch Pipe	500 Gear	930 DATA
120 Feeder Pipe	600 Fixtures	950 DEMO

V1.4

7/20/2010