TIME REPORT WORK SHEET I.B.E.W. LOCAL UNION 363

COMPLETED BY:_____

JOB LOCATION:_____

CONTRACTOR'S NAME_____

WEEK ENDING_____

NAME	RATE	THURS	FRIDAY	SAT	SUN	MON	TUES	WED	ST	T1/2	DT	Total

RETURN THIS FORM TO: I.B.E.W. LOCAL UNION 363
BENEFIT FUND OFFICE
67 COMMERCE DRIVE SOUTH
HARRIMAN, N.Y. 10926
FAX#(845) 783-3555 PHONE# (845) 783-3500