



# Lexicon Solutions

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Portland, OR 97225

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## CONTRACTOR WEEKLY TIME & MILEAGE REPORT

Customer: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Week of: Sun \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to Sat \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Project # / Location	Hours Worked							Totals
	Sun	Mon	Tues	Wed	Thu	Fri	Sat	
								Total Regular Hours: _____  Total Overtime Hours: _____
Sick Time Hours								
Holiday Hours								

The signatures below constitute acceptance in full of all information on this card.

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Authorized Signature of Customer Representative

Time Card must be received by Monday to insure receipt of your paycheck by Friday