TIME SHEET INSTRUCTIONS

Please be certain to put the week start date and end date on the time sheets.
Please remit time sheet back to GMS by Monday morning for payroll processing
Time sheets can be faxed to 410-349-4076
Time sheets can be emailed to accounting@gms-hvac.com

Week Beginning: _____

Week Ending: _____

		Date -		Date -		Date -		Date -		Date -		Date -		Date -	
Job #	**Job Name**	**Monday**		**Tuesday**		**Wednesday**		**Thursday**		**Friday**		**Saturday**		**Sunday**	
		R/T	**O/T**	**R/T**	**O/T**	**R/T**	**O/T**	**R/T**	**O/T**	**R/T**	**O/T**	**R/T**	**O/T**	**R/T**	**O/T**
Total Hrs															

Expenses		
Job #	**Job Name**	**Amount**
Total Expenses		

General & Mechanical Services
1007 Skidmore Drive
Annapolis, MD 21409
410-349-4070 (Phone)
410-349-4076 (Fax)
www.gms-hvac.com

Employee Name - Printed Clearly _____

Supervisor Signature _____

Truck ID _____

Truck Mileage _____

Notes _____

GMSofficefile/forms/timesheetedit1

Time Sheet Form for GMS Team Members