

NON-UNION CREW TIMECARD

WEEK ENDING		EMPLOYEE NAME		SOCIAL INSURANCE NO.	
WORK LOCATION REQUIRED		LOAN-OUT CORPORATION		[]HST []GST	
LOCATION CITY _____					
PROVINCE _____					
PRODUCTION NAME		JOB CLASSIFICATION			
PRODUCTION COMPANY		RATE		ACCOUNT CODE	FRINGE CODE

DATE	IN	1ST MEAL		2ND MEAL		WRAP	FOR ACCOUNTING USE ONLY													
		OUT	IN	OUT	IN		ACCT	HRS	ST	1.5	2			MP		HRS	RATE	TOTAL		
SUN															ST					
MON															1.5					
TUE															2					
WED																				
THU																				
FRI															MP					
SAT															VAC					
COMMENTS:																HOL				
																ADJ				
EMPLOYMENT ENDED: ☐ NO ☐ YES DATE: _____																				
SPECIAL UNPAID LEAVE: FROM: _____ TO: _____																				

ACCT #	MEALS ALLOWED	MEALS TAXABLE	PER DIEM ADVANCE	ACCT #	LODGING ALLOW	LODGING TAXABLE	PER DIEM ADVANCE
ACCT #	BOX RENTAL	ACCT #	CAR ALLOW	ACCT #	MILEAGE ALLOW	MILEAGE TAXABLE	MILEAGE ADVANCE
CHECK ONE: ☐ BOX RENTAL INFORMATION ON FILE ☐ BOX RENTAL INFORMATION ATTACHED				ACCT #	2ND CAMERA	OTHER	SALARY ADVANCE
COMMENTS:						TOTAL:	

BY SIGNING, YOU CERTIFY THAT THE RECORD OF TIME WORKED IS CORRECT. WITHOUT APPROPRIATE DOCUMENTATION, REIMBURSABLE EXPENSES WILL BE CONSIDERED TAXABLE ITEMS.

EMPLOYEE SIGNATURE **X**_____

APPROVED **X**_____