

GARVEY BUILDING
 200 W. DOUGLAS, SUITE 110
 WICHITA, KS 67202
 FAX: 316-832-0970



**Foster
 Design**

NAME _____
 SS NO _____
 WEEK ENDING _____
 CLIENT _____

CHARGE NO.	OPER NO.	M	T	W	T	F	S	S	TOTAL
TOTAL CONTRACT TIME									

I HEREBY CERTIFY THAT I WORKED
 THE HOURS INDICATED ABOVE

NAME _____ DATE _____

CLIENT'S AUTHORIZED SIGNATURE _____ TITLE _____ DEPT _____

WHITE - TO OFFICE
 CANARY - YOUR COPY