



Gnomic Exploration Services

Timesheet

Mineral Exploration - Evaluation & Management

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by 9am Monday PLEASE!

Name: _____
 Month: _____
 Client: _____
 Position: _____

Days Worked: _____
 Nights Worked: _____
 Allowances: \$ _____
 Expenses Owed \$ _____ see attached schedule

(eg.Mon) Day	Date	Description	Day / Night	Hrs	Client Code
	1st				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
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	26				
	27				
	28				
	29				
	30				
	31				

Employee Signature _____ Approved (Client Representative) _____