

PLATINUM DRIVERS, INC

Individual Driver Timesheet

Driver Name: _____

SSN: _____

Day	Date	Customer Name	Time In		Time Out		Total Hrs	Start Mileage	End Mileage	No of Stops	Customer Initials
Sunday	/ /		AM		AM						
Monday	/ /		AM		AM						
Tuesday	/ /		AM		AM						
Wednesday	/ /		AM		AM						
Thursday	/ /		AM		AM						
Friday	/ /		AM		AM						
Saturday	/ /		AM		AM						
Sunday	/ /		AM		AM						
							Total Hours		Total Mileage		

In order to make payroll cut-off, all Drivers must turn this time sheet in on Monday by 09:00 am. **Fax # 866-204-1004**

Complete the information required by the customer (I.E. hours, miles and/or stops). Incomplete or late time sheets will not be processed until the following payroll.

I certify that this is a true and accurate record of my payroll hours, miles and/or stops for the period indicated above.

Driver Signature _____ Date _____

Customer Signature _____ Date _____