



Billable Time Form – Non Exempt Employees

Employee Name: _____ Date: _____

Employee ID#: _____ Total Amount to be Paid: \$_____

Time In	Time Out	Location	Purpose	Total Hours

I certify these hours to be accurate and true

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____

Purpose for Extra Pay: _____

Budget Code to Charge: _____

Billing / Remittance Address:
