



Date : _____ Client : _____ Event: _____

Total number of team members:

| Arrival Time | Legal Name | Position | Start Time | End Time | Meal Start | Meal End | Signature |
|--|------------|----------|------------|----------|------------|----------|-----------|
| 1 | | | | | | | |
| I certify that the times set forth above are accurate and that services have been provided to QSR Productions for the hours indicated above. | | | | | | | |
| 2 | | | | | | | |
| I certify that the times set forth above are accurate and that services have been provided to QSR Productions for the hours indicated above. | | | | | | | |
| 3 | | | | | | | |
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| 4 | | | | | | | |
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| 5 | | | | | | | |
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| 6 | | | | | | | |
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| 9 | | | | | | | |
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| 10 | | | | | | | |
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| 11 | | | | | | | |
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| 13 | | | | | | | |
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| 14 | | | | | | | |
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| 15 | | | | | | | |
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| 16 | | | | | | | |
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| 17 | | | | | | | |
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| 18 | | | | | | | |
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| 19 | | | | | | | |
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| 20 | | | | | | | |
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| 21 | | | | | | | |
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| 22 | | | | | | | |
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| 23 | | | | | | | |
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| 24 | | | | | | | |
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| 25 | | | | | | | |
| I certify that the times set forth above are accurate and that services have been provided to QSR Productions for the hours indicated above. | | | | | | | |

Client Comments

Empty box for Client Comments

Client Name

Client Signature

Supervisor Name

Supervisor Signature
