

Ampa Events Time Card

Employee: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Event Name & Location: _____ Job #: _____

Date	Start	End	Start	End	Total Hrs	Task (ie Driving, Load In or Out)

Employee & Event Lead Agree to the accuracy of the times Submitted Above

Crew Member

Event Lead/Supervisor

Note: Down Time between Load ins and Load Outs are not paid.

Ampa Events Time Card

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