Avon Township TIME SHEET

16881 Queens Road Avon MN 56310

Employee Name:

Address:

Phone #:

Date	Meetings/Description of work	Mtgs	Hours	(office use)
		MONTHLY TOTALS:		

I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

Employee Signature:_____

Date:_____