ON	GENERATION Routing EPSCA Trades Report Only		1) Contractor 2) Contract Administration 3) Project Accounting 4) Contract Administrator 5) Contractor to submit to: Payment Auditor			E.P.S.C.A. Travel & Subsistence/Board Allowance and Contractor's Weekly Time Report NOTE: Report to be complete weekly showing all persons at site (including staff)									
Contractor Subcontractor							Job Title								
Cont	ract Purchase Order Number														
Requisition Number						Report Number For Week			For Week From	rom: (yy/mm/dd) To: (yy/mm/dd)					
Employee Name (Last Name, First Initial)		Trade/Classification		Time (fill in da	ite for week)			LTI Lost	ment Weath Time Injury dby cal Attention		Daily Travel - Allowance - Amount	Daily Subsistence/ Board Allowance Amount	Total Amount Paid		
				Sun	Mon	Tue	Wed	Thur	Fri	Sat					
								1	'	Shaded Area for Ontario Power Generation's use only					
* Notes Any lost til					me or medical injuries this week?				Time approved by Contract Administrator						
1)	Show Standby Time as "S/B" and include written explanation as attachment to report.											Printed Name			
2)	Show absences due to Lost Time Injuries as "LTI".				☐ Yes										
3) 4)					□ No							Signature			
					Certified correct by Contractor's Representative Date						Date				