

MANAGER'S EXTRA SERVICES CLAIM FORM



NAME: _____

PERIOD: _____ to _____

DETAILS OF EXTRA SERVICE ITEMS

DATE	HOURS	MEMO / PURPOSE	RATE	AMOUNT	SUITE / UNIT CODE *	COMMENTS
TOTAL CLAIM FOR PERIOD						_____ Signature

* Please enter suite or building code against all items claimed in this statement.

PAYMENT INFO: Paid on _____ by Cheque # _____