BROWNING OILFIELD SERVICES

Contractor Information

Your Name	
Your LLC (if applicable)	
Pay Period Start Date	
Pay Period End Date	

Pay Rates

Operating Rate		day
Travel Day Rate		day
Tow Mileage		mile
Mileage		mile

Work Information

Client:	
State:	
County:	

Point of Contact

Name	
Email	
Phone	

Earnings Summary

Total Days Worked	0
Total Wages	$ -
Mileage Amount	$ -
Per Diem Amount	$ -
Additional Reimbursements	$ -
Total Reimbursements	$ -
Total Gross Earnings*	$ -

Date	Wages				Reimbursements						
					Mileage				Additional Reimbursements		
	Well Name	AFE # / Site Info	Additional Information (Optional)	Rate Amount ($)	Description	# of Miles	Mileage Amount ($)	Per Diem ($)	Description	Amount ($)	Total Reimbursements ($)
											$ -
											$ -
											$ -
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