



CONSTRUCTION SOLUTIONS, INC.

PER DIEM REQUEST FORM

Today's Date: _____ Amount Requested: \$ _____

Employee Name: _____ Week of: ____/____/____ to ____/____/____
(Monday) (Sunday)

Project Name: _____ Job # _____

Project Manager Signature: _____

Standard rate of Per Diem is \$500.00 per week if you are on a long term job, or \$75 per day if you are on an intermittent jobs where you go home on the weekend. If you are requesting additional funds, please describe your reason below:

Additional Amount Requested: \$ _____

Approved by Project Manager: YES / NO

PM Signature: _____

*****THIS FORM MUST BE TURNED IN EVERY MONDAY TO ENSURE PAYMENT*****