

WEEKLY TIMECARD

(SUNDAY WEEK ENDING DATE)

Name: _____

Client: _____

Phone: _____

Email: _____

Daily Hours - Round to nearest
quarter hour
EX: 15 minutes = .25

Federal Tax ID: _____

MONDAY HOURS

Sunday
Week Ending: _____

TUESDAY HOURS

Brief description of work performed:

WEDNESDAY HOURS

Consultant: Please sign below to confirm that this report accurately reflects the time worked during this period.

THURSDAY HOURS

Sign: _____

FRIDAY HOURS

Date: _____

SATURDAY HOURS

Client: Please make sure each day is completed with the correct number of hours. Please sign and date to authorize payment for the hours worked according to terms, as well as printing your name and telephone number below.

SUNDAY HOURS

Sign: _____

Date: _____

TOTAL HOURS

Printed Signature: _____

Email: _____

FAX TO: 978-465-0068