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Timesheet

Consultant: _____

Client: _____

Name of Project	SUN	MON	TUES	WED	THUR	FRI	SAT

TOTAL DAILY HOURS _____

WEEKLY HOURS WORKED _____ WORK WEEKEND DATE: _____

Consultant Signature

Date

Client Signature

Date

The Client's signature on this Time Sheet verifies the acceptance of the work performed and is an authorization for payment.