

Consultant's Time and Work Record

Consultants Name _____ Week Comm. _____
Client Company _____

The times recorded are to be hours and minutes (rounded to nearest quarter of an hour).

	Start	Finish	Less Breaks	Normal hours / Days Worked		Additional Hours Worked			
				Hrs	Mins	Hrs	Mins		
1									
2									
3									
4									
5									
6									
7									
8									
9									
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21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Complete Appropriate Section				Total Hours & Minutes Worked		Hrs	Mins	Hrs	Mins
				Total Days Worked*					

Consultant's Signature _____ Date _____

Client's Signature _____ Date _____

Client's Position _____

Client's Declaration:

The times stated are an accurate record of hours worked by the Consultant whose performance throughout the period has been satisfactory and you are hereby authorised to invoice the Company at the agreed rate.