



TIME SHEET

Consultant: _____

Month ending: _____

Client Name	Department	Project Name	Project Authority

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Hours																

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Hours																	

Total hours: _____ Total billable days: _____

Authorized Signature: _____ Date: _____

Consultant Signature: _____ Date: _____

Legend: w = weekend, s= statutory holiday, v = vacation, k = sick, o = overtime

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