

CONTRACTOR WEEKLY TIME REPORT

(Please fax completed form by Monday 10AM: 617-951-1885)



185 Devonshire Street, Suite 100
Boston MA 02110
617.951.1880 (office) 617.951.1885 (fax)

Client Company: _____ Week Ending _____

Employee Name _____

PROJECT # / LOCATION	HOURS WORKED					
	Mon	Tues	Wed	Thurs	Fri	Sat/Sun

OTHER HOURS (NOT INCLUDED IN HOURS WORKED)						
TRAVEL HOURS						
HOLIDAY HOURS						
VACATION HOURS						
TOTAL HOURS WORKED	REGULAR HOURS _____			OT HOURS _____ (after 40 hrs per week)		

EMPLOYEE SIGNATURE

DATE

CUSTOMER APPROVAL

DATE

By signing above, client agrees to pay the invoice based upon these hours.