



InfoVision Technologies Inc | "Experts work here" |
Phone: 1-732-398-1000
 Toll Free Phone: 1-888-2IT-JOBS | Fax: 1-866-726-0520 |
www.ITInCUS.com Send Timesheets: timesheets@itincus.com

Time Sheet

Client Name and Address:			
Manager Name:			
Consultant Name:			
Period Beginning		Period Ending	

DATE	Hrs.	OT Hrs.	Total Hrs.	DATE	Hrs.	OT Hrs.	Total Hrs.
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			
				31			
TOTAL:							

Manager's Authorization	(Managers signature certifies that the manager is authorized to approve the consultants timesheet. In addition the signature certifies that the manager has reviewed this timesheet, the timesheet has been properly and accurately filled and the consultant has satisfactorily worked the hours reported.)
Consultant's Signature	(Consultant's signature certifies that this timesheet is a true and accurate summary of hours worked. In addition, consultants signature certifies that the consultant sustained no injuries during the assignment)