

Consultant Name:

Client Name:

Week Starting:

Date	Day	Time In	Time Out		Time In	Time Out	Total Hours

Consultant Signature: _____

Client Signature: _____

Total Hours

Rate Per Hour

Total Pay

Project Time Doctor

Consultant Name: John Doe

Client Name: Jane Doe

Week Starting: 9/7/2020

Date	Day	Time In	Time Out		Time In	Time Out	Total Hours
9/7/2020	Monday	8:00 AM	11:00 AM		1:00 PM	5:00 PM	7:00
9/8/2020	Tuesday	8:30 AM	11:00 AM		1:30 PM	4:00 PM	5:00
9/9/2020	Wednesday	8:21 AM	11:00 AM		1:00 PM	4:30 PM	6:09
9/10/2020	Thursday	8:00 AM	10:45 AM		1:00 PM	7:00 PM	8:45
9/11/2020	Friday	8:00 AM	11:00 AM		1:00 PM	5:00 PM	7:00
9/12/2020	Saturday	8:00 AM	10:00 AM				2:00
9/13/2020	Sunday						0:00

Consultant Signature: _____

Client Signature: _____

Total Hours

35:54

Rate Per Hour

\$15.00

Total Pay

\$538.50