



MONTHLY TIMESHEET

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Consultant: _____ Client: _____

Time Sheet for Month of _____

Project	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Non-Billable																

Total Billable Hours (Days 1 through 15): _____

Project	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Non-Billable																

Total Billable Hours (Days 16 through 31): _____

Total Billable Hours for Month: _____

Non-Billable Key

- V – Vacation
- P – Personal
- H – Holiday
- S – Sick

Consultant Signature: _____ Date: _____

Client Signature: _____ Date: _____