

W/E SUNDAY.....

DAY	NORMAL	OVERTIME RATE 1		OVERTIME RATE 2	
		Rate Multiple		Rate Multiple	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTALS					

OTHER EXPENSES	
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CONSULTANT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

CLIENT SIGNATURE MUST BE AUTHORISED SIGNATORY OF CLIENT. SIGNATURE ACKNOWLEDGES HOURS SATISFACTORILY WORKED IN ACCORDANCE WITH RELATED CONTRACT.