

WEEKLY WORK LOG

(For independent consultants)

Name: _____

Company Name: _____

Phone: _____

Email: _____

Client Name and Site: _____

Daily Hours - Round to nearest
quarter hour
EX: 15 minutes = .25

Federal Tax ID: _____

MONDAY HOURS

Sunday
Week Ending: _____

Brief description of work performed:

TUESDAY HOURS

WEDNESDAY HOURS

THURSDAY HOURS

FRIDAY HOURS

SATURDAY HOURS

SUNDAY HOURS

TOTAL HOURS

Consultant: Please sign below to confirm that this report
accurately reflects the time worked during this period.

Sign: _____

Date: _____

Client: Please make sure each day is completed with the
correct number of hours. Please sign and date to authorize
payment for the hours worked according to terms,
as well as printing your name and telephone below.

Sign: _____

Date: _____

Printed Signature: _____

Email: _____

FAX TO: 978-465-0068