29 Water St
Newburyport, MA 01950
P: 978-465-0085 F: 978-465-0068

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

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

THURSDAY HOURS

Sign: _____

Date: _____

FRIDAY HOURS

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.

SATURDAY HOURS

Sign: _____

Date: _____

SUNDAY HOURS

Printed Signature: _____

Email: _____

TOTAL HOURS

FAX TO: 978-465-0068