

# CONTRACTOR WEEKLY TIME REPORT

(Please fax completed form by Monday 10AM: 617-951-1885)



TECHNICAL RESOURCES

AVID Technical Resources  
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Boston MA 02110  
617.951.1880 (office) 617.951.1885 (fax)

Client Company: \_\_\_\_\_ Week Ending \_\_\_\_\_

Employee Name \_\_\_\_\_

PROJECT # / LOCATION	HOURS WORKED					
	Mon	Tues	Wed	Thurs	Fri	Sat/Sun

OTHER HOURS (NOT INCLUDED IN HOURS WORKED)						
TRAVEL HOURS						
HOLIDAY HOURS						
VACATION HOURS						
<b>TOTAL HOURS WORKED</b>	<b>REGULAR HOURS</b> _____			<b>OT HOURS</b> _____ (after 40 hrs per week)		

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CUSTOMER APPROVAL

\_\_\_\_\_  
DATE

By signing above, client agrees to pay the invoice based upon these hours.