

# Corporate Consulting Services

## CONSULTANT TIMESHEET

CLIENT NAME	CONSULTANT NAME
FLEXIVAN	PREETHI GANESH

### TIME REPORTING

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
DATE	09/16/18	09/17/18	09/18/18	09/19/18	09/20/18	09/21/18	09/22/18	
WM Integration	0	0	8	8	8	8	0	
TOTAL HOURS								32

### EXPENSE REPORTING

DATE	NOTES	MEALS	AIRFARE	HOTEL	MILEAGE	OTHER	TOTAL
___/___/___							
___/___/___							
___/___/___							
___/___/___							
___/___/___							
___/___/___							
TOTALS							

### AUTHORIZATION

CONSULTANT'S SIGNATURE	PLEASE PRINT NAME	DATE
<i>P. Ganesh</i>	PREETHI GANESH	09/21/2018
CLIENT'S SIGNATURE	PLEASE PRINT NAME	DATE
<i>Donna Donatucci</i>	DONNA DONATACCI	09/21/2018

**NOTE:** Execution of this form by the client constitutes certification and agreement that the total hours listed are correct as stated, the expenses are legitimate and accurate, the work was performed in a satisfactory manner, and the services will be paid for at the agreed-upon rate.