**Corporate Consulting Services FAX: 845 226-1144**

**Consultant Timesheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name** | | | | | | | **Consultant Name** | | | | | |
| SCHOLASTIC INC. | | | | | | | RAVITEJA POTLURI | | | | | |
| **TIME REPORTING** | | | | | | | | | | | | |
|  | **Sun** | **Mon** | | **Tue** | | **Wed** | | **Thu** | | **Fri** | **Sat** |  |
| **Date** | \_\_\_\_/\_\_\_\_ | **${Value1}** | | **${Value2}** | | **${Value3}** | | **${Value4}** | | **${Value5}** | \_\_\_\_/\_\_\_\_ | **TOTAL** |
| PROJECT NAME |  |  | |  | |  | |  | |  |  |  |
|  |  | ${Value6} | | ${Value7} | | ${Value8} | | ${Value9} | | ${Value10} |  |  |
|  |  |  | |  | |  | |  | |  |  |  |
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|  |  |  | |  | |  | |  | |  |  |  |
|  |  |  | |  | |  | |  | |  |  |  |
| **TOTAL HOURS** |  | **8** | | **8** | | **8** | | **8** | | **8** |  | **40** |
| **EXPENSE REPORTING** | | | | | | | | | | | | |
| **Date** | **NOTES** | | | | **Meals** | | **AIRFARE** | | **HOTEL** | **MILEAGE** | **OTHER** | **Total** |
| \_\_\_\_/\_\_\_\_ |  | | | |  | |  | |  |  |  |  |
| \_\_\_\_/\_\_\_\_ |  | | | |  | |  | |  |  |  |  |
| \_\_\_\_/\_\_\_\_ |  | | | |  | |  | |  |  |  |  |
| \_\_\_\_/\_\_\_\_ |  | | | |  | |  | |  |  |  |  |
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| \_\_\_\_/\_\_\_\_ |  | | | |  | |  | |  |  |  |  |
| **TOTALS** |  | | | |  | |  | |  |  |  |  |
| **AUTHORIZATION** | | | | | | | | | | | | |
| **CONSULTANT’S SIGNATURE** | | | **PLEASE PRINT NAME** | | | | | | **DATE** | | | |
|  | | | Raviteja Potluri | | | | | | 8/12/14 | | | |
| **CLIENT’S SIGNATURE** | | | **PLEASE PRINT NAME** | | | | | | **DATE** | | | |
|  | | | Todd Reisel | | | | | | 8/12/14 | | | |
| **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. | | | | | | | | | | | | |