



Consultant Name: Noah Edward Hall

Client Name: King

Reporting Month: \_\_\_\_\_ Complete appropriate period below

Period 1: 1st - 15th (Due on 16th)

Period 2: 16th - EOM (Due on 1st of following month)

Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Hours Worked																
Time-Off																
Holiday																
<b>Total Hours</b>																
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours Worked																
Time-Off																
Holiday																
<b>Total Hours</b>																

**Reporting Period Totals**

Hours Worked	
Time-Off	
Holiday	
<b>Total billable hours</b>	

Consultant Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Timesheets must be mailed to: [timesheets@touchpointinc.com](mailto:timesheets@touchpointinc.com)

or faxed to 916-878-5951

