

CONTRACTOR WEEKLY TIME REPORT

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



TECHNICAL RESOURCES

AVID Technical Resources
185 Devonshire Street, Suite 100
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 | | | | | | |
| TOTAL HOURS WORKED | REGULAR HOURS _____ | | | OT HOURS _____ (after 40 hrs per week) | | |

EMPLOYEE SIGNATURE

DATE

CUSTOMER APPROVAL

DATE

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