

WORK RECORD - monthly



CONTRACT NUMBER		CALENDAR MONTH	
NAME		CLIENT COMPANY	

DATE	STANDARD HOURS / DAYS	ADDITIONAL WORK AT TIME & A HALF	ADDITIONAL WORK AT DOUBLE TIME	OTHER ADDITIONAL WORK; PLEASE SPECIFY
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
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12				
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24				
25				
26				
27				
28				
29				
30				
31				

TOTAL HOURS/DAYS FOR MONTH:		Comments:
STANDARD HOURS / DAYS:		
HOURS AT TIME & A HALF:		
HOURS AT DOUBLE TIME:		
HOURS AT OTHER OVERTIME;		
PLEASE SPECIFY:		

CONSULTANT CONFIRMATION I confirm that this is an accurate record of the hours/days that I have worked	CLIENT CONFIRMATION I confirm that the hours/days noted above have been worked by the consultant and that the work carried out has been completed to the satisfaction of my company. The total hours/days shown shall be invoiced to my company at the agreed rate.
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Consultant's Signature		Client's Signature	
Print Name		Print Name	
Date		Date	
Consultant No. (if applicable)		Staff No. (if applicable)	

Please submit the original Work Record with your invoice in accordance with your contract, and pass a copy of the Work Record to the Client.