

TIMESHEET

Freelancer's Name: _____

Client's Name: _____

For the Week of: _____

Date	Start Time	Stop Time	Hours	Less Lunch	Billable Hours

Returning next week? _____

TOTAL HOURS : _____

Timesheet Approved by: _____

Signature: _____

Title: _____

Please submit completed timesheet every Friday, by end of day.
Via fax to 416.969.8965 or e-mail to hours@freelancersunlimited.com