



MONTHLY CONSULTANT
 (This timesheet must be accompanied by an invoice)

Job Order No. _____ (include on invoice)

MONTH: _____ **Consultant:** _____

Contract/Tasking No.	Project Description	Project Authority

Date	# of Hours	Date	# of hours
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16			
		Total # Hours	

- # of hours in half-hour increments only (e.g. 1.5 hours)
 - If no hours to be billed by date, enter; N/A
 - Please verify receipt of fax
- Fax before 4:00 pm Friday to 613-241-6742 or 1-877-445-9336**

PROJECT AUTHORITY: _____ **DATE:** _____
SIGNATURE

