

Consultant Name:

Client Name:

Supervisor Name:

Month: USE "mmm yyyy" format. This will fill in correct dates & days of the week

ALL TIMESHEETS ARE DUE BY THE END OF THE BUSINESS DAY ON THE 15th AND LAST DAY OF EACH MONTH

Email Your Approved Time Sheets to Timesheets@vltechonline.com

First Time Period - Hours Worked

Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total	
	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat		
First Period Total																	0.00

Second Time Period - Hours Worked

Description	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon		
Second Period Total																		0.00

Work hours Total: 0.00

Period 1 - 15: Supervisor Signature: _____ Date: _____
** Supervisor Signature required **

Period 16 - 31: Supervisor Signature: _____ Date: _____
** Supervisor Signature required **

DAY:	NOTES REGARDING DAILY WORK:
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