



Phone: 800-929-5813 Fax: 866-891-8657 www.exigrp.com

**Contractor Time Sheet**

Contractor Name: \_\_\_\_\_

Client Company: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date	Saturday Date	Sunday Date	Week Ending Sunday
In:	In:	In:	In:	In:	In:	In:	
Out:	Out:	Out:	Out:	Out:	Out:	Out:	Total Work Hours:
Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Total Lunch Hours:

Please Enter week ending date (Sunday) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total billable work hours (total work hours minus lunch) \_\_\_\_\_

Contractor Signature \_\_\_\_\_

Supervisor Signature (Required) \_\_\_\_\_

\*\*This time sheet is the official record of billable hours for the Exigent Group. An authorized signature from a client company representative represents approval for payment of above hours.

**Please fax to : 866-891-8657**

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