



Enterprise Solutions Inc.

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Contractor Time Sheet

Consultant/Employee Name: _____
(First Name) (Last Name)

Weeks Worked From : _____ to _____
Month/Day/Year Month/Day/Year

On Site Client Name : _____

MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL

Consultant/Employee: I Confirm that this is an accurate record of the total hours, I worked

Consultant/Employee Signature

Client : I accept the work and confirm that the total number of hours shown above should be invoiced to my company at the agreed rates

Authorized Client Signature