



# KMR Time Sheet

MM DD YY

\_\_\_\_/\_\_\_\_/\_\_\_\_  
WEEK ENDING  
(FRIDAY DATE)

\_\_\_\_\_  
CONSULTANT NAME (Last, First)

\_\_\_\_\_  
CLIENT NAME

TOTAL HOURS	BILLING NUMBER	DAY	NOTES/COMMENTS
____:____	_____	SAT	_____
____:____	_____	SUN	_____
____:____	_____	MON	_____
____:____	_____	TUES	_____
____:____	_____	WED	_____
____:____	_____	THURS	_____
____:____	_____	FRI	_____
____:____ WEEKLY TOTAL			

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT MANAGEMENT SIGNATURE

\_\_\_\_\_  
DATE