

**Noramtec Consultants Inc
WEEKLY TIME SHEET**

WEEK ENDING _____ MONTH _____ YEAR _____

PHONE # _____
CLIENT'S NAME _____

CONTRACTOR'S NAME _____

PROJECT #	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	
CONTRACTOR'S SIGNATURE								CLIENT'S APPROVAL	

By my signature I certify that I have worked
The Hours as shown on this document

By my signature I verify and approve the hours worked as
shown by the contractor above on behalf of the client

**TO ENSURE PROMPT PAYMENT PLEASE EMAIL AN APPROVED COPY TO
OUR OFFICE NO LATER THAN 9:00 AM (EST) THE FOLLOWING MONDAY
MDA@NORAMTEC.COM**