



# TIME CARD

NAME (Print Clearly): \_\_\_\_\_  
 CLIENT: \_\_\_\_\_

703-506-1222 Fax: 703-506-1223

WEEK ENDING:     /     /

Line Item # - Description - WP #	Other-WBS	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL
<b>TOTAL BILLABLE HOURS</b>									
HOLIDAY									
VACATION									
SICK									
OTHER									
<b>TOTAL NON-BILLABLE HOURS</b>									
<b>TOTAL HOURS</b>									

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE:     /     /

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE:     /     /

**CLIENT:** Your signature above certifies that you attest to the accuracy of the hours provided. Customer also agrees not to employ this consultant without written approval by an official of Alltech Int'l. **ALLTECH ASSOCIATE:** Please complete this form as applicable and get your supervisor's signature. Fax a copy to Alltech Int'l immediately at the end of each time period. (You will be compensated based on the hours reported on this form. Delay in sending the form will delay your compensation.) Remember to fax an approved copy on the last day of each period or the day following.