Cue Data Services

TIME AND EXPENSE REPORT

Consultant _____

Period Ending _____

Client _____

Project _____

Job #	1	
Cust #		

Activity Code

DATE	DAY:	HOURS:
	SUN	
	MON	
	TUES	
	WED	
	THUR	
	FRI	
	SAT	
	TOTAL:	

EXPENSES (RECEIPTS REQUIRED)							
Mileage	Amount	Tolls	Parking	Motel	Meals	Total	Comments

Contractor Signature: _____

Client Approval: _____

Activity Code	Description
1	Time & Materials
2	Fixed Price Project

Please Fax to (781) 749-9381 by 12:00 Noon E.S.T. Monday.