

Networkx Independent Contractor Time Records

Job Site _____

Week _____

Contractors Name _____

Date	Time-In	Mgr. Initial	Description of work performed w/ notes:	Time-Out	Mgr. Initial	Total Hours

Client Signature _____

Date _____

- By signing, you are confirming the hours above are accurate.
- Client should make a copy of this time sheet for their records.

Your Name:

INVOICE

DATE:

TO: NETWORX LLC

DESCRIPTION	AMOUNT
TOTAL	

Thank you for your business!