



3799 ROUTE 46 EAST
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MONTHLY _____

SEMI-MONTHLY _____

WEEKLY _____

REPORTING PERIOD

FROM: _____

TO: _____

STAFF NAME :

CLIENT NAME :

PROJECT NAME(S):

CLIENT SIGNATURE: _____
 (Your signature indicates approval of the time charges, which will be utilized for billing purposes)

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	TOTAL
Reg Hours																0
O/T Hours																0

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
Reg Hours																	0
O/T Hours																	0

TOTAL HOURS :	0
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REMARKS:
