Time Record Certification [insert Employee Name]

Invoicing Time Period: MM/DD/YY to MM/DD/YY

Date	Hours Worked for PO #######	Hours worked on other Projects @*		Date	Hours Worked for PO #######	Hours worked on other Projects @*
				Totals		

I, [Employee Name], certify that the above time record is correct.

[Employee Signature/Date]

I, [Supervisors Name], supervise the above-mentioned employee at [Company Name] and approve the above time record related to his/her work on PO #######.

[Supervisor Signature/Date]

**@ Note: If -0- hours have been expended working on other projects/jobs, insert -0- or "None"*