

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 @* |
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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"*