

Consultancy Work Billing Sheet

Client Name:	<input type="text"/>
Project Title:	<input type="text"/>
Date:	<input type="text"/>

Description of Work	Hours Worked	Rate per Hour	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grand Total:

Prepared By:

Signature:

Date:

Submit