AESI Weekly Time Sheet

Albin Engineering®
Innovative Technology Services

Client Company: _____ Week Ending Date: _____

Consultant Signature: _____ Consultant Name: _____
By signing this timecard, I hereby state the hours listed below are correct, and these hours are actual hours worked for this client. **Print Name**

Client Approval Signature: _____ Client Name: _____
By signing above, I hereby authorize payment for the hours listed below. **Print Name**

3350 Scott Boulevard, Suite 27
Santa Clara, CA 95054

408-733-AESI (2374)
FAX: 408-739-AESI (2374)

E-mail: info@aesi.com
Web: www.aesi.com

Consultant: ***after** 'Client Approval Signature'* is signed, make a copy for the client, fax a copy to AESI at 408-739-2374 and keep the original.

Charge Number or Project	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Weekly Total
Daily Totals								

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