



# Billable Time Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Location: \_\_\_\_\_

Flat Rate Fee: \$ \_\_\_\_\_ OR Amount per hour \$ \_\_\_\_\_

| Date        | Time In | Time Out | Hours | Purpose |
|-------------|---------|----------|-------|---------|
|             |         |          |       |         |
|             |         |          |       |         |
|             |         |          |       |         |
|             |         |          |       |         |
| Total Hours |         |          |       |         |

Total Amount to be Paid: \$ \_\_\_\_\_

I certify these hours to be accurate and true

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By (Please Print): \_\_\_\_\_

Approved By (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Budget Code to Charge: \_\_\_\_\_

**Billing / Remittance Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_