**MONTHLY CONSULTANT TIMESHEET**

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| **CONSULTANT NAME** |   | **MONTH** |   | **HOURS REQUIRED** |  |
| **ADVISOR NAME** |   | **YEAR** |   | **HOURS COMPLETED AT START OF MONTH** |  |
| **ADVISOR PHONE** |   | **DATE DUE** |   | **BALANCE OF HOURS DUE AT START OF MONTH** |  |
|   |   |   |   |   |   |   |
| **DATE** | **ORGANIZATION** | **TASK DESCRIPTION** | **HOURS** | **SUPERVISOR SIGNATURE** |
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| **END OF MONTH SUMMARY** | **TOTAL CONSULTANT HOURS COMPLETED THIS MONTH** |  | **BALANCE REMAINING** |  |
| **CONSULTANT SIGNATURE** |   | **DATE** |   |
| **ADVISOR SIGNATURE** |   | **DATE** |   |

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