

LAW RESOURCES, INC.

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Weekly Time Record

Your Name

Week Beginning

Client Name

DAY	DATE	DESCRIPTION OF SERVICES	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HOURS
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
TOTAL HOURS FOR WEEK TO NEAREST QUARTER HOUR (using decimals - .00, .25, .50, .75)						

Your Signature

Authorized Client Signature (Print Last Name)

ASSIGNMENT COMPLETED? Yes No **AVAILABLE FOR NEW ASSIGNMENT?** Yes No When? _____

- Hold My Check
- Mail My Check

ORIGINAL Time Records must arrive
at Law Resources by **Tuesday 5:30 p.m.**
to be paid by **Thursday**