



Billable Time Form – Exempt Employees

Employee Name: _____ Date: _____

Employee ID#: _____

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

Total Amount to be Paid: \$ _____

Location	Purpose	Total Hours

I certify these hours to be accurate and true

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____

Title: _____

Budget Code to Charge: _____

Billing / Remittance Address:

