



Weekly Progress Report

Week Ending Date: _____

State where working: _____

Contractor Name: _____
 Client Name: _____
 Client Supervisor: _____

Position Title: _____
 Project Name: _____
 Week Ending Date: __

Date	Project	Activity This Week	Hours Worked
WEEKLY TOTALS			

Additional Comments:

Contractor Signature: _____ Date: _____

Supervisor signature constitutes acceptance of work performed by Consultant for the period of time reflected on this Progress Report:

Supervisor signature: _____ Date: _____

All signed and approved Progress Reports & Bi-Weekly Invoices can be either faxed or emailed to the payroll/accounting office at 508-819-3016 or billing@edistaffing.com (we will accept email approvals from the client).