

PROJECT TIME LOG

Marketing Department

Ref: MKT-2024-LOG

Project Name: _____
Team Lead: _____
Client: _____
Billing Period: _____

DATE	ACTIVITY DESCRIPTION	CATEGORY	START	END	HOURS
------	----------------------	----------	-------	-----	-------

DATE	ACTIVITY DESCRIPTION	CATEGORY	START	END	HOURS
------	----------------------	----------	-------	-----	-------

TOTAL BILLABLE HOURS: _____

Employee Signature

Manager Approval