COUNTY OF SUFFOLK
COUNSULTANT'S TIME SUMMARY
DEPARTMENT OF AUDIT & CONTROL – FORM A&C 108

CONSULTANT'S NAME________________________ PERIOD BEGINNING____________________ PERIOD ENDING________________

Name of Staff Member	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TOTAL HOURS	RATE PER HR	TOTAL DUE
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

TOTAL REIMBURSABLE CONSULTANT TIME: $

AUTHORIZED SIGNATURE ________________________________