

EXAMINER DESCRIPTION OF SERVICES			
COMPANY:			
EXAMINER:			
BILLING PERIOD:	Starting Date: th	rough	HOURLY RATE
DATE	DESCRIPTION OF WORK	PERFORMED	TIME
		TOT	AL HOURS
I certify that this is a true and accurate report of the description of work that was performed for the above-mentioned company			
during the billing period specified. The time that is reported for the work completed on this exam is true down to .25 of an hour.			
Signature		Date	