

**ACTIVITY REPORT**  
**CONTRACT N°**

**Client :**

**Consultant**

**HRG Subsidiary :**

Last name :

Fist name :

**Service :**

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Project followed by :

**MM/YYYY :**        /

**Usual schedules**

**Units :**                    AM        -                    / PM        -

**Would you please specify units carried out**

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Nbre of units															
AM															
PM															

AM and PM shall only be completed in case of hourly rate.

Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nbre of units																
AM																
PM																

**Total :**

**I hereby certify that the service ordered has been carried out in accordance with the state of art.**

**I hereby declare the validity and conformity of the said service**

**Good for invoicing**

Termination of service, DD/MM/YYYY of the last day of service :        /        /

In those cases where the contract has set for conditions for the termination of service an event and / or an objective outcome occurrence, I hereby declare that the latter is reached.

**Client**

First name, Last name, position :

Company stamp and signature

**Consultant**

Signature

**Work-life balance**

The consultant may at any time ask his Account Manager for an individual interview in order to accompany him in the management of his activity.

**Shall be returned completed and signed by the last working day of the month when the service was carried out, by mail, fax or e-mail.**

Any correspondance shall be sent to : Human Resources Group - 264, Boulevard Godard

CS 90023 - 33070 Bordeaux - France

**Fax :** +33(0)5 56 81 04 11 - **E-mail :** contact@human-resources.group