Contract number: C D S

Contract Work Report Form CDS6

Month ____ / 20____ Sheet____of____

	Client Surname and Initial	Equal Opportunities Monitoring	UFN											
A				CLAIM AMOUNT										
B	Stage reached	Outcome code	Matter type	Profit costs	Disbursements	Travel (Costs of time only)	Waiting	Date class of work concluded dd mm yy	Number of suspects/ defendants	Number of Police/Court attendances	Police station/Court identifier	Police station Scheme identifier	Duty Solicitor	Youth court
1	A													
	B				£ :	£ :	£ :	£ :							
2	A													
	B				£ :	£ :	£ :	£ :							
3	A													
	B				£ :	£ :	£ :	£ :							
4	A													
	B				£ :	£ :	£ :	£ :							
5	A													
	B				£ :	£ :	£ :	£ :							
6	A													
	B				£ :	£ :	£ :	£ :							
7	A													
	B				£ :	£ :	£ :	£ :							

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I confirm that all work claimed in relation to matters/cases commenced prior to 2 April 2001 is net of any payments on account received in relation to that matter/case

Version 6 October 2007 DRAFT

Total Page Value £ :