

PRACTICAL EXPERIENCE - PREAPPROVED PROGRAM IN PUBLIC ACCOUNTING - CHARGEABLE HOURS TRACKING REPORT FOR ASSURANCE

Name of firm: _____

Name of Member: _____

Member ID: _____

Practical experience starting date: _____

Practical experience end date: _____

Employer Name (Pre-approved Program Leader): _____

Employer Signature: _____

Client Name	Year End	Audit or Review	Category of Client	Nature of operations	Planning / section	Nature of work performed	Estimated Time	Functions *	Date	Comments
Example : ABC Inc.	December 31, 2014	Audit	Manufacturer	Wood doors	Cash Receivables	Bank reconciliation and Cut-off Complete section	2H 24H	3. Audit team member	January 2015	

* Functions (1, 2 or 3): 1 :Audit senior 2 :Team supervisor 3 :Other role on engagement team (please specify)