

Exhibit B

IN RE: DEPUY ORTHOPAEDICS INC. ASR HIP IMPLANT PRODUCTS LIABILITY LITIGATION -- MONTHLY TIME REPORT

Reporting Period:

 Firm Name:

 Name:

Certification:

Date: _____

By: _____

Print Name: _____

Date	Professional's Name	Detailed Description of Work Performed	Professional Level [Drop Down]	Billing Rate	Task Code [Drop Down]	Hours By 0.1 Increments	Work Assigned By or Approved By

