



Time sheet W/E: _____

CONTRACTOR DETAILS

Surname		Timesheet No	
First Names		Job Description	

CLIENT DETAILS

Name	
Address	
Post Code	

Contact	Tel No.
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CONTRACTOR TIME RECORD

Day	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Date								
Hours								
Overtime								
Total Hours								

Contractor's Signature..... Date.....

CLIENT AUTHORISATION

I confirm that the hours recorded above have been properly worked.

Client's signature..... Date.....	
Print authorised signatories name:	Position:
Standard hours:	
Overtime hours:	
Total hours:	
Total hours in Words:	
Invoice for attention of:	

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