



Time sheet W/E:	
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**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								
Days								
Overtime								
Total								

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 Days:	
Overtime hours:	
Total:	
Total in Words:	
Invoice for attention of:	

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