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TIME SHEET

Company Name (Contractor): _____

Consultant Name: _____ **Contract No:** _____

Client Name: _____ **Project Name:** _____

Week Commencing Monday: _____

	Start	Finish	Breaks	Total Hours	Overtime Initialled
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL (round to the nearest ¼ hr)					

If this is the last week of your assignment, please tick this box.

If you require additional timesheets please tick this box.

Please return this timesheet to our offices no later than Wednesday of the following week.

Faxed copies will be accepted.

Note:
 Any time in excess of agreed regular working hours must be highlighted as overtime and initialled by your Manager.

We certify that the total hours are correct, and will accept your account for the chargeable hours shown.

Customer signature: **Customer Name:**

Position: **Date:**