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Timesheet

Client Name	Report to
Address	Site Address
	Order No.

Employee Name	Category	Date Week Commencing	Week No.

	Start Time	Breaks Taken	Finish Time	Hours Worked		
				Std	Overtime	Total
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Total						

To be completed by client.

I certify that the hours shown above have been satisfactorily worked and accept this will form an invoice which will be paid on receipt. I also confirm that we have received a copy of your terms and conditions.

Signed _____

Position _____

Date _____