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DATE:

No.

Client:

Site:

TIME SHEET

Report to:

Week Ended (week ends on Sunday):

Order No.

Shift

NAME	JOB TITLE	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total Hours
		DATE							

NOTES: Please deduct lunch breaks from hours recorded.

TO BE COMPLETED BY CLIENT:

I certify that the hours shown above have been satisfactorily worked and accept that this Time Sheet will form the basis for an invoice which	SIGNED:
will be paid on receipt.	POSITION: