

# CONTRACTOR TIMESHEET

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Client Name:		Contractor Name:					Period Covered:			
W/C or W/E	Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Authorised by
	Std									
	1.5									
	2.0									
	Std									
	1.5									
	2.0									
	Std									
	1.5									
	2.0									
	Std									
	1.5									
	2.0									
	Std									
	1.5									
	2.0									
									Total Standard Hours	
									Total Hours at 1.5	
									Total Hours at 2	
									Time Shown As (Tick Box)	
									Hrs/Mins	<input type="text"/>
									Decimals	<input type="text"/>

W/C or W/E	Expenses/On-Call for Month	Total

The above times stated are an accurate record of the hours worked by the Consultant whose performance has been satisfactory.  
 Additional Expenses / On-call costs detailed above have been approved.

Signed by Client: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_