

Time sheet Number

(for internal use only)

Name .....	Job Ref: .....	Week ending date (Sunday): .....
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	Start Time hh:mm	Breaks taken hh:mm	Finish Time hh:mm	Total Hours hh:mm	Overtime* hh:mm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>TOTAL HOURS WORKED⇒</b> (This box must be completed)					

To the nearest 15mins (0.25=15mins, 0.5=30mins 0.75=45mins)

\*all overtime must be Pre-agreed.

Your Signature.....

Client Organisation:.....

Client Address (at which you work):.....

.....

We agree that the total hours shown above are true and correct (actual hours worked) and we agree to be invoiced accordingly by Grosvenor Maxwell Ltd.

Client Signature:.....

Print Name:..... Date:.....

**IMPORTANT**-Your signature here is authorisation for Grosvenor Maxwell to invoice the client company, as stated in our terms of business.