

Time sheet Number

(for internal use only)

Name	Job Ref:	Week ending date (Sunday):
---------------	-------------------	----------------------------------------

	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					
TOTAL HOURS WORKED <input type="checkbox"/>					
(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 NOTICE- Your signature here is authorisation for Grosvenor Maxwell to invoice the client company, as stated in our terms of business.