## **Time Sheet**



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SERVICE - USER/ESTABLIS	ADDRESS	STAFF NAME & ADDRESS				
	8					
	А					
		Staff ID Number				

## ALL TIMESHEETS MUST BE SENT OR HANDED INTO THE OFFICE NO LATER THAN 16.00 ON MONDAY FOLLOWING THE WEEK WORKED

Date of Assignment	Day	Duty Time Start (AM / PM) End (AM / PM)	Breaks (if applicable) /Comments	Hours Claimed	Miles Claimed (if applicable)	Clients Initials
/ /						*
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TOTALS						

I CERTIFY I HAVE CARRIED OUT THE ABOVE DETAILED WORK:

\*THIS CONFIRMS THAT YOU HAVE RECEIVED THE ABOVE INITIALLED SERVICES SUBJECT TO OUR TERMS OF CONDITIONS OF BUSINESS

Staff	Client	Print	
	Signature	Name	