

Timesheet



resource solutions

Period:

Client:

Consultant:

Day	Date	Hours From	Hours To	Total Hours Basic	Total Hours Overtime
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Totals:					

Consultant: I agree that this is a true and accurate record of my claimable hours.

Signature:

Name:

Date:

Client: I have checked this timesheet and agree its accuracy. I am authorised to sign this record on behalf of my company.

Signature:

Name:

Date:

2nd Floor
 Longcross Court
 47 Newport Road
 Cardiff CF24 0AD

tel	(029) 20 252 500
fax	(029) 20 252 400
e-mail	info@intapeople.com
web	www.intapeople.com