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Please complete this form in Black ink & BLOCK CAPITALS. This timesheet must be posted or handed to our offices to arrive by 9 am on Mondays to ensure prompt payment.

RECORD OF HOURS WORKED

DAY	DATE	START TIME	END TIME	BREAK	TOTAL HOURS	LOCATION	NAME & SIGNATURE OF MANAGER
Monday							J
Tuesday							J
Wednesday							J
Thursday							J
Friday							J
Saturday							J.
Sunday							J.
Total number of hours worked excluding break times							

Name:

Client: