



CONTRACT TIMESHEET

Month ending: _____

Timesheet Number _____

Contractor

Full name _____

Client details

Organisation name: _____

Authorised Signatory name: _____ Position _____

	Date	Start time	Finish time	Break (if applicable)	Overtime (if applicable)	Overtime initials	Hours worked
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
					Total		

	Date	Start time	Finish time	Break (if applicable)	Overtime (if applicable)	Overtime initials	Hours worked
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
					Total		

	Date	Start time	Finish time	Break (if applicable)	Overtime (if applicable)	Overtime initials	Hours worked
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
					Total		

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Monday							
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Wednesday							
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Friday							
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	Date	Start time	Finish time	Break (if applicable)	Overtime (if applicable)	Overtime initials	Hours worked
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
					Total		

Please confirm Monthly total in hours _____

Please confirm Monthly total in Days _____

The contractor hereby declares that the information given on this timesheet is true. In the event of a dispute regarding claimed hours/days, the contractor will be liable to repay any overstated amount unless the timesheet has been fully authorised by the client. The authorised signatory on Behalf of the Client _____ by signing below hereby confirms that the contractor has worked the number of days as above and thereby agrees to pay Solas IT Limited trading as Solas Consulting Group the agreed daily rate multiplied by the number of monthly days with VAT. Timesheets signed and approved by both parties confirm acceptance of Terms of Business and Contract for Services.

Candidate name
(print): _____ Signature _____

Authorised signatory for Client

Name (print): _____ Signature _____