

Smart Technical Solutions – Timesheet



Your Name: _____

Place of Work (Name of Company & Address) 	Job Title:- Reporting to:-
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Details of work carried out during week commencing:-

Details of Hours Worked

Day	Date	Start Time	End Time	Breaks Deducted	Total hours to be Paid	Standard Hours	Overtime Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total							

It is hereby certified that the standard and overtime hours worked are correct and unpaid breaks have been deducted and that the work has been carried out satisfactorily. We will accept your account for the chargeable hours at the agreed charge rates. We have received and accept your Terms & Conditions of Business.

I confirm that a purchase order number is required is not required PO Number _____

Signed _____ Print Name _____

Position _____ Date _____

Head Office Use Only

Notes