

ATTENDANCE SHEET

One original - duly signed – to be attached to the invoice.

COMPANY:

Period:

Specific Agreement N°:

Total working days:

Name of contractor's staff member

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total days	Remaining days			
January																																				
February																																				
March																																				
April																																				
May																																				
June																																				
July																																				
August																																				
September																																				
October																																				
November																																				
December																																				

Contractor:		Supervisor:	
Name:		Name:	
Date:		Date:	