

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 membe

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:	