

TIME SHEET

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

COMPANY:

Period:

Specific Contract N°:

Total working hours:

Name of contractor's staff member:

<i>Month</i>	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	<i>Total hours</i>	<i>Remaining hours</i>		
<i>January</i>																																			
<i>February</i>																																			
<i>March</i>																																			
<i>April</i>																																			
<i>May</i>																																			
<i>June</i>																																			
<i>July</i>																																			
<i>August</i>																																			
<i>September</i>																																			
<i>October</i>																																			
<i>November</i>																																			
<i>December</i>																																			

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