TIMESHEET



Contractor Name:			Client Company & Address:			
Week End Date (Sunday):						
Client Contact:						
	Basic (Hours)	Overtime (Hours)		Other (Hours)	Total (Hours)	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday				_		
Sunday						
TOTAL						
Comments:						
I hereby certify that the hours shown above are a correct record of the hours that I have worked. CONTRACTOR'S SIGNATURE			I hereby certify that the hours shown above are a correct record of the hours worked by the contractor. I confirm that we have had a copy of your Terms of Business and I accept the Terms as agreed for this assignment. CLIENT'S SIGNATURE			
Name:			Name:	Name:		
			Position:			
Signature:			Signature:			
Date:			Date:			

Timesheets to be returned to <u>timesheets@energi.uk.com</u> together with an invoice for hours worked no later than 11am on the Tuesday of the following week.