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TIMESHEET FOR WEEK

Client Name & Address

Dates From

To

Tel

Fax

Email

Daily Hours - Excluding Breaks

Name of Employee	MON	TUES	WEDS	THURS	FRI	SAT	SUN	Total Basic Hours	Total O'time @	Total O'time @

TOTAL HOURS TO BE CHARGED

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Authorised Signature..... Date.....

I certify that total hours worked by the above employees are correct and should be billed to my company as shown