

**NAME:** \_\_\_\_\_ **REG. No.** \_\_\_\_\_

**THIS TIMESHEET MUST ARRIVE BY TUESDAY MORNING FOLLOWING THE WEEK WORKED**

ENTER HOURS WORKED \_\_\_\_\_ TOTAL \_\_\_\_\_

MON	TUES	WED	THUR	FRI	SAT	SUN	=	
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I certify that I have worked the hours shown and agree terms and conditions .....

ENTER WEEK ENDING DATE (SUNDAY) .....

Name of Client (where you are working) .....  
**Clients are requested to check details carefully. Please remember that your approval of this timesheet is an irrevocable authority to charge your company for the time claimed.**

AUTHORISING SIGNATURE ..... Date .....

PLEASE PRINT NAME .....

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