



WEEKLY CONTRACTOR TIMESHEET

CONTRACTOR NAME:	Agency No:
CLIENT SITE:	Date:

FAX NUMBER FOR TIMESHEETS: 0161 236 3770
EMAIL: timesheets@intelectplc.com

Hours worked during week beginning MONDAY
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	A	M	P	M	TOTAL HOURS/DAYS WORKED
	Start Time	Finish Time	Start Time	Finish Time	
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
CONTRACTORS SIGNATURE:				TOTAL HOURS/DAYS CLAIMED	

(rounded down to nearest quarter hour)

A SIGNED TIMESHEET WILL ACT AS PROOF OF SATISFACTORY PERFORMANCE

CLIENT AUTHORISATION:	
Printed Name of Signatory:	Date Signed:

Please deduct all lunch breaks from hours claimed. Please complete a form for each week of the contract including weeks where no work was carried out. In cases of absence please state reason eg. HOLS, SICK etc.