

# Day Time Sheet

Week-Ending (Friday)



Contractors Name \_\_\_\_\_

Client \_\_\_\_\_

**Time Sheet**

Order No	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Total
Standard Days								
Overtime Hours/minutes (If Applicable)								
Contractor's Signature			Clients Signature			Print Name of Client Signatory		Date

**Expenses Claim** (reciepts must be attached if applicable)

Date	Details	Miles Claimed	Cost Per Mile	Public Transport	Car Parking	Subsistence	Other	Net Total	VAT	Total
<b>Column Totals</b>										
Car Reg No		Claimed By		Clients Signature			Print Name of Client Signatory		Date	
Car cc										