



Time Record (Days/Hours)

Please notify us of any anticipated holiday over the next month.
 Please ensure that all times are decimalised.

CONSULTANT: _____ CONTRACTOR COMPANY: _____

CLIENT: _____ MONTH: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total	Week Commencing:
Normal Units									_____
Premium Units									Contractor Signature _____
Total Units									_____
Authorised By:	Name _____ Signature _____ Date _____								

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total	Week Commencing:
Normal Units									_____
Premium Units									Contractor Signature _____
Total Units									_____
Authorised By:	Name _____ Signature _____ Date _____								

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Normal Units									_____
Premium Units									Contractor Signature _____
Total Units									_____
Authorised By:	Name _____ Signature _____ Date _____								

Signature by client represents acceptance and approval of hours worked.

Total Units for Month
