



TIME SHEET

Consultant: _____

Week ending Saturday: _____

Please record days worked by marking relevant box

	Days worked
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Total days for week	

Client's Confirmation:

I confirm that the total hours shown above shall be invoiced to my company at the agreed rate

Signature: _____

Name: _____

Position: _____

Date: _____

Company: _____

Consultant's Confirmation:

I confirm that this is an accurate record of my hours

Signature: _____

Please fax a copy to **01737 778950**
or email **admin@reflexgroup.co.uk**.
Copies should be retained by both
the Client and Consultant.

