



## TIME SHEET

Consultant: \_\_\_\_\_

Week ending Saturday: \_\_\_\_\_

**Please record times below in hours and minutes using 24 hour clock (e.g. 09:30)**

	Arrival Time	Departure Time	Deduct Breaks	Total for Day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total for week (Hours/Minutes):				
Please express as hours and decimals:				

**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.

