**ITS20 - MODEL TIME SHEET**

***Duly signed time sheet form to be attached to the invoice in Time & means contracts***

Specific contract reference:

Purchase order number (PO):

Period (month/year):

Name of person:

Profile:

Seniority level

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Tasks | Number of hours on normal working days during normal working hours **on-site** | Number of hours on normal working days during normal working hours ***near-site*** | Number of hours on normal working days outside normal working hours **on-site** (\*) | Number of hours on normal working days outside normal working hours ***near-site*** (\*) | Number of hours outside normal working days (Saturdays)  **on-site** (\*) | Number of hours outside normal working days (Saturdays)  ***near-site*** (\*) | Number of hours outside normal working days - (Sundays - Contracting Authority  holidays)  **on-site** (\*) | Number of hours outside normal working days - (Sundays - Contracting Authority  holidays)  ***near-site*** (\*) | Number of hours in standby/  On call mode (\*) | Number of non-  invoiceable hours (\*) |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |  |  |  |
| **21** |  |  |  |  |  |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |  |  |  |  |  |
| **26** |  |  |  |  |  |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |  |  |  |  |  |
| **29** |  |  |  |  |  |  |  |  |  |  |  |
| **30** |  |  |  |  |  |  |  |  |  |  |  |
| **31** |  |  |  |  |  |  |  |  |  |  |  |
|  | **TOTAL :** | |  | | --- | | **0,0** | | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** |

*(\*) Please attach justification.*

Comments and signature *(to be filled in by the contractor):*

|  |  |
| --- | --- |
| Additional comments: |  |
| Date and signature: |  |

Certified correct *(to be filled in by the participating Institution):*

|  |  |
| --- | --- |
| Official responsible for acceptance: |  |
| Date and signature: |  |