



CONSULTANT "First Name & Surname"	
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DATE "dd/mm/yyyy"	
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CLIENT	
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PURCHASE ORDER NUMBER IF APPLICABLE	
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Day / Date		Hours Worked "round off to the nearest 15 minutes"			Standard Hours/Days Worked	Overtime Hours/Days Worked	Total Hours/Days Worked	Comments
		Start "hh : mm"	Finish "hh : mm"	Breaks "hh : mm"				
MO								
TU								
WE								
TH								
FR								
SA								
SU								
MO								
TU								
WE								
TH								
FR								
SA								
SU								
Totals								

CONSULTANT: "Supplier"

I agree that this is a true and accurate record of my claimable time.

PRINT FULL NAME	
Position	
Reports To	
Date	
Signature	

CLIENT:

I am an authorised representative of the Client and hereby certify that the hours and days worked as shown are true and correct and that the work has been carried out by the Consultant in a satisfactory manner.

PRINT FULL NAME	
Position	
Reports To	
Date	
Signature	