



Time Sheet

Client Name: _____ Company Name _____

Consultant: _____ Contractor Name _____

Month / Year: _____ Month _____

Date	Regular Hours / Days	Overtime	Total
1st			0
2nd			0
3rd			0
4th			0
5th			0
6th			0
7th			0
8th			0
9th			0
10th			0
11th			0
12th			0
13th			0
14th			0
15th			0
16th			0
17th			0
18th			0
19th			0
20th			0
21st			0
22nd			0
23rd			0
24th			0
25th			0
26th			0
27th			0
28th			0
29th			0
30th			0
31st			0
Total Hours / Days	0	0	0

For Hanson Regan's Client:

I am an authorised signatory for the Client. I am satisfied that the hours / days recorded, including any Overtime hours / days, have been Worked and the Hanson Regan Limited may invoice the Client for the totals stated.

Authorisation:

Client Signature _____ Date: _____

Client Name (Print) _____

Consultant Signature _____ Date: _____