

TIMESHEET FOR FIELD BASED CONTRACTORS to be submitted to TEK by 09:30 Monday mornings

Surname : _____ Client & Project Location _____

Agency Name : TEK

First Name : _____ Telephone No. _____

W/E : Saturday _____

Day/Location	Time Left Home	Time on Site	Time Taken for Lunch	Time Left Site	Time Arrived Home	Total Time Deducted for Travel	Hours worked	Total Basic Hours Claimed	Overtime @ Time & Half	Overtime @ Double Time
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Totals										

Contractors Signature _____

Comments _____

Line Manager Signature _____

Print Name _____

Contact number _____

for official use only
