



Stocklund House, St Johns Street, Chichester, PO19 1JE
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TIMESHEET No: 000001 Timesheets MUST be returned by 12:00pm on Tuesday for payment that week. All sections of the timesheet MUST be complete.

Client Name & Address:	
Site Address:	
Operative Name:	Week Ending Date:
	Client Order No:
Trade:	Reporting to:

	Start Time	Finish Time	Breaks Deducted	Total Hours Less Breaks	Expenses / Additional Payments and Charges
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTAL WEEKLY HOURS =					

I hereby certify that the hours shown above are correct and that all work has been carried out to a satisfactory standard. We will also accept the invoice for the hours shown above at the rates previously agreed and also agree to accept your terms and conditions of business.

Name: Signature:
 (authorised signatory only)

Position: Date: