

Vanguard House, Mills Road, Quarrywood Ind Es t. Aylesford. ME20 7NA

Week Ending Saturday _____ Worker's Name _____

Please ensure the completed timesheet is returned to the office by Monday lunchtime.

Day	Customer	depot	Vehicle Check Done (defects reported)	Start Time	Finish Time	break	payable hours	night out	client expenses	customer signature	Customer Printed name	Office Use Only	Office Use Only
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
TOTALS													

by signing this timesheet you confirm that the hours work are correct and reaffirm you acceptance of our terms of business v1 printed overleaf or available on request.

	gross hrs worked	driving and other work	total legal breaks	total POA
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
TOTALS				

Weekly Rest (hrs) =

I declare that this is the total number of hours that I have worked including non sms work as shown against each day. I confirm that this is a true reflection of the hours that I have worked and the sites I have visited. I understand that a false declaration is an act of fraud.

Signed

Print Name