

CONTRACTOR, CLIENT & PROJECT DETAILS

Week Ending (Fri)	
Contractor Name	
Job Title/Services	
Client Name	
Project Name	

AUTHORISED

Client Name	
Signature	
Date	

I certify that the hours worked (as shown below) are correct and that the work performed was carried out satisfactorily.

Days/Nights (Select)	Saturday (HH:MM)	Sunday (HH:MM)	Monday (HH:MM)	Tuesday (HH:MM)	Wednesday (HH:MM)	Thursday (HH:MM)	Friday (HH:MM)	Total Hours

Please enter hours worked in hours and minutes to the nearest 15 minutes (e.g. HH:MM). Please **EXCLUDE** lunch break from hours worked.

NOTES

EXPENSES TO BE CLAIMED FOR THIS PERIOD

Description	Date Incurred (DD/MM/YY)	Amount (£X.XX inc VAT)

NOTES

AUTHORISED

Client Name	
Signature	
Date	

I also confirm that the expenses claimed are correct and acceptable.

Where applicable, please include copies of all payment receipts/invoices to support your claim.