

Timesheet

CONTRACTOR, CLIENT & PROJECT DETAILS					AUTHORISED					
Week Ending (Fri)					ient Name					
Contractor Name					gnature					
Job Title/Services					Date					
Client Name					I certify that the hours worked (as shown below) are correct					
Project Name					and that the work performed was carried out satisfactorily.					
Days/Nights (Select)	Saturday (HH:MM)	Sunday (HH:MM)	Monday (HH:MM)	Tuesday (HH:MM)		esday 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										

Deadline for timesheet submission is 12pm on Monday following the week worked. Please complete, scan and email to timesheets@seprs.co.uk



Expenses

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 expense	es claimed are correct and acceptable.					

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