

TIMESHEET



WEEK		YEAR	20
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Name:	Home address:
First name:	
Client:	Project location:
Project:	Country:
Project starting date:	

Day	Date	Project/location	Start time	End time	Total hours without break	Overtime / shifted hours	Holiday hours	Sickness hours	Project KM's asked by client
MON	/								
TUE	/								
WED	/								
THU	/								
FRI	/								
SAT	/								
SUN	/								
TOTAL									

We recognize these hours / km's and confirm that these are correct. The labour supply contract and the general terms & conditions of Tecline, on which this time sheet is based, are confirmed with this signature.

Company stamp/ signature of client	Name client representative	Date dd/mm/yy
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TRAVEL EXPENSES							
Day	Date	Postal code accommodation	Postal code projectlocation	Number of KM's	Postal code projectlocation	Postal code accommodation	Number of KM's
MON	/						
TUE	/						
WED	/						
THU	/						
FRI	/						
SAT	/						
SUN	/						
TOTAL							

HOMETRAVEL				
Day	Date	Postal code accommodation	Postal code / address home country	Number of KM's
Day	Date	Postal code / address home country	Postal code accommodation	Number of KM's

I confirm that I filled out the hours and kilometers correctly.

Employee Signature

Date dd/mm/yy