

WH Marks Sattin Timesheet

Personal Information

| | |
|------------------------|----------------------|
| WH Marks Sattin office | <input type="text"/> |
| Name of contractor | <input type="text"/> |
| Client company name | <input type="text"/> |
| Client contact name | <input type="text"/> |
| Work phone number | <input type="text"/> |
| Week ending (Sun) | <input type="text"/> |

Hours worked

| | Date | Start time | Finish time | Total breaks | Total hours worked |
|--|------|------------|-------------|--------------|--------------------|
| Monday | | | | hrs mins | hrs mins |
| Tuesday | | | | hrs mins | hrs mins |
| Wednesday | | | | hrs mins | hrs mins |
| Thursday | | | | hrs mins | hrs mins |
| Friday | | | | hrs mins | hrs mins |
| Saturday | | | | hrs mins | hrs mins |
| Sunday | | | | hrs mins | hrs mins |
| Total (rounded down to the nearest 15 minutes) | | | | | hrs mins |

Additional information

| | |
|--------------------------|----------|
| Overtime hours / minutes | hrs mins |
| Daily rate days worked | days |

Expense information

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|----------------------|
| |
|----------------------|

Fax completed form to + 1 425 635 0333 by 12 noon Monday

I certify that the total hours shown above have been satisfactorily worked and that they, and the expenses claimed, have been authorized and payment will be made for them in accordance with WH Marks Sattin Terms and Conditions of Business, which I have read and form part of this contract.

| | |
|------------------------|----------------------|
| Authorized signatory | <input type="text"/> |
| Print name | <input type="text"/> |
| Position / title | <input type="text"/> |
| Date | <input type="text"/> |
| Contractor's signature | <input type="text"/> |