

CONTRACTOR TIMESHEET

Contractor's Name	_____	(Sign)	_____
Assignment No.	_____	Approved by Client (Sign & Company Chop)	_____
Client Company	_____	Client Name and Position	_____

*By approving this time sheet, the Client confirms the hours shown are correct and will accept the Company's invoice for the hours in accordance with the Company's Terms of Business.

Month :	Start	Finish	Total Hours	Less Breaks	Overtime Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total Days/Hours Payable

Please fax timesheet by the LAST WORKING DAY OF THE MONTH to FINANCE DEPT at (852) 2869 9909

