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**Timesheet / Record Form No:**

|  |  |
| --- | --- |
| Client: | Contract: |
| Contract No: | Date-Week ending: |

|  |  |
| --- | --- |
| Description & Location of Work Carried Out |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Hours Worked | Total |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Trade | Name | Mon | Tue | Wed | Thur | Fri | Sat | Sun |  |
|  |  |  |  |  |  |  |  |  |  |
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| Small Tools |  |  |  |  |  |  |  |  |  |
| Van/Tipper |  |  |  |  |  |  |  |  |  |

DTG Ltd Signature……………………………Print………………………….Date………………………

Client Signature……………………………….Print………………………….Date……………………..

Only sign if you are authorized to do so, by signing this you agree that these are the hours to be invoiced for the payment and hours. Which have been verified and checked against the clocking in systems. If not, please correct in writing within 14 days.

P.O. Box 66690 E: info@downtogroundworks.co.uk

Leytonstone Mob: 07812 146412

E11 9FA