



Time Sheet

Contractor Number

Week Start Date (Monday) / /

Week End Date (Sunday) / /

Name

Client Name

	Hours @ Standard Rate		Hours @ Rate 1		Hours @ Rate 2		Hours @ Rate 3		Hours @ Rate 4		Total Hours	
	HH	MM	HH	MM	HH	MM	HH	MM	HH	MM	HH	MM
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Total Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Hours rounded to nearest 15 minutes

Grand Total

Approved for Client

Approver's Initials

Contractor Signature