

robertgilesagencies

TIME SHEET

CLIENT _____ TELEPHONE NO. _____ EXTN. _____

SURNAME _____ INITIAL _____ DATE W.E. _____

	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS WORKED			TOTAL HOURS CHARGED AT					
STANDARD HOURS								STAN DARD	OVERTIME			BASE RATE	1 1/4	1 1/4	1 1/4	2X
									M to F	SAT	SUN					
OVERTIME HOURS																

APPROVED FOR CLIENT _____

www.robertgilesagencies.com

t 0207 491 4491 f 0203 219 2038 office@robertgilesagencies.com

robertgilesagencies

TIME SHEET

CLIENT _____ TELEPHONE NO. _____ EXTN. _____

SURNAME _____ INITIAL _____ DATE W.E. _____

	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS WORKED			TOTAL HOURS CHARGED AT					
STANDARD HOURS								STAN DARD	OVERTIME			BASE RATE	1 1/4	1 1/4	1 1/4	2X
									M to F	SAT	SUN					
OVERTIME HOURS																

APPROVED FOR CLIENT _____

www.robertgilesagencies.com

t 0207 491 4491 f 0203 219 2038 office@robertgilesagencies.com

robertgilesagencies

TIME SHEET

CLIENT _____ TELEPHONE NO. _____ EXTN. _____

SURNAME _____ INITIAL _____ DATE W.E. _____

	SAT	SUN	MON	TUES	WED	THURS	FRI	TOTAL HOURS WORKED			TOTAL HOURS CHARGED AT					
STANDARD HOURS								STAN DARD	OVERTIME			BASE RATE	1 1/4	1 1/4	1 1/4	2X
									M to F	SAT	SUN					
OVERTIME HOURS																

APPROVED FOR CLIENT _____

www.robertgilesagencies.com

t 0207 491 4491 f 0203 219 2038 office@robertgilesagencies.com