



Project/Site Name	Client	Order No.

34030

Week Ending [Fri]

Name	Competence skill Trade	Sat		Sun		Mon		Tue		Wed		Thur		Fri		Total Hours	
		D	N	D	N	D	N	D	N	D	N	D	N				

COMMENTS	PLEASE RATE OUR PERFORMANCE 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent <div style="border: 1px solid black; width: 50px; height: 30px; margin: 10px auto;"></div>	AUTHORISED On Behalf of Finchpalm Ltd: On Behalf of Client - Signed: Print: Date:
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We certify that the details of the attendance stated above are correct and that the work of the above named has been satisfactory. We confirm our agreement to your terms and conditions of business and undertake to pay your invoice in accordance with such terms, of which we have received a copy

PLEASE CHECK THIS TIMESHEET CAREFULLY AS YOUR SIGNATURE IS OUR AUTHORITY TO INVOICE FOR TOTAL PAYMENT