

industrial

distribution

commercial

hospitality

events

# TIMESHEET



T/S No:

Employee  
Name:

Reporting to:

Order No:

Job Title:

Working at:

Branch:

Client Name  
& Address:

Start Time:

Week Commencing:

(PLEASE DEDUCT BREAKS IF NECESSARY)				Additional Payments and Allowances with Description	<p><b>We certify that the hours worked are correct and we will accept your account for the chargeable hours at the rate as specified on the current Abacus Employment quotation. We accept your Terms of Business as printed overleaf</b></p> <p>Signature / Order No:</p> <p>Name in Capitals:</p> <p>Position:</p> <p>Date:</p>
Day	Start	Finish	Total		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
<b>Hours Worked</b>		<b>Standard Hours</b>		<b>Overtime Hours Worked</b>	

## FOR OFFICE USE ONLY

Employee No	Booking No	Cost Code	Hours / Remarks	Type	Charge	Pay
Expenses / Deductions						



White	Accounts Copy
Pink	Invoice Copy
Blue	Branch Copy
Yellow	Client Copy