

Time sheet



Week
 Year

Name: _____
 First name: _____
 Home address: _____

Assigned to company:	Location of work:
Department/Project:	Country:
Project starting date:	

Day	Date	Project / location	Starttime	Endtime	Total hours, without break	Absence from home, incl. travel time	Holiday hours	Sickness hours	Project KM's for client
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
Total									

We recognize these hours / km's and confirm that these have been specified correctly. The labour supply contract and the general terms and conditions of TecLine, on which this time sheet is based, are confirmed with this signature.

Date

Company stamp/ Signature of the client _____ Name _____

Travel kilometers				Private car:		Company car:	
Day	Date	Postal code home address	Postal code accommodation	Number of KM's	Postal code accommodation	Postal code project location	Number of KM's
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							
Total							

I assure that the specified hours and kilometers have been filled in correctly.

Name/Signature of the employee _____ Date _____

Please send the completely filled out and signed time sheet at each last working day of the week and month to timesheet@tecline.com

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