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Employee: _____
Employee Nr: _____

Client name: _____

Week/year: _____

Timesheet V2.0

DAY	Hrs.	Projects/ Description/ Comments	Holiday
MONDAY			☐
TUESDAY			☐
WEDNESDAY			☐
THURSDAY			☐
FRIDAY			☐
SATURDAY			☐
SUNDAY			☐
TOTAL			

Remarks:
Project nr:

No. of days worked (excl. SA/SU) :
.....

Employee signature: _____
Date: _____

Client Signature _____
Date: _____