



Timesheet

www.creativerep.com

Freelancer Name _____

Client (Agency) _____

Week Commencing _____

Client Contact Name _____

Day	Date	Start	Lunch	Finish	Standard Hrs	Overtime Hrs	Other Hrs
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Please record hours in quarterly units (eg 7.25)					Total Hours		
						Grand Total	

Client Signature _____

Print Name _____

By signing this timesheet you are agreeing to our terms and conditions.