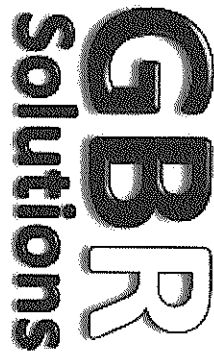


CLIENT NAME	
CLIENT CONTACT	
WORK LOCATION	
CLIENT PURCHASE ORDER NUMBER	
CLIENT ISSUING DEPT	
VEHICLE REG	



2 Mountside  
 Stanmore  
 Middlesex  
 HA7 2DT  
 Tel: 01257 471361  
 timesheets@gbrsolutions.co.uk

WEEK ENDING	/ /
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CLIENT CONFIRMATION (RECORD OF HRS ON SITE)

SIGNED: .....

PRINT NAME: ..... DATE: .....

IF EXCESS HRS WORKED PLEASE STATE REASON

SIGNED: .....

PRINT NAME: ..... DATE: .....

SMALL/TOOLS NAME	INITIALS	DISCIPLINE	SAT		SUN		MON		TUES		WED		THURS		FRI	Total Hrs To be paid / Invoiced
			Time	Hrs	Time	Hrs	Time	Hrs	Time	Hrs	Time	Hrs	Time	Hrs		
			Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish	Start	Finish		
30 Minutes meal break taken (circle as appropriate)																
CLIENT CONFIRMATION ON SITE BRIEFINGS UNDERTAKEN																
<b>Rule Book Requirements</b>																
I certify that the above persons have been briefed in accordance with the relevant sections of the Modular Rule Book (A safe System of Work Briefing and the relevant Health, Safety and Welfare Arrangements have been briefed) (All work to be Carried out in accordance to GBR policies)																
SIGNED: ..... DATE: .....																
PRINT NAME: .....																
Notes																
NOTICE TO GBR OPERATIVE IN ORDER TO ENSURE THAT PAYMENT CAN BE MADE ON TIME, THIS TIMESHEET MUST BE RECEIVED BY POST OR EMAIL NO LATER THAN NOON ON MONDAY FOLLOWING THE WEEK ENDING DATE. FAILURE TO DO SO WILL RESULT IN NON PAYMENT 1st copy white = GBR solutions 2nd copy Yellow = Client																