

CONTRACTING TIMESHEET



Contractor

Client

First Date of Month

	Date	Start	End	Break	Std rate	OT rate 1	OT rate 2	Total	Days
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
	Time Worked (dd:hh:mm)								
	Time Worked (decimal)								

Contractor Signature: _____

Customer Signature: _____

Please print name: _____

Please print name: _____

Date: _____

Job title: _____

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