Your logo

TIMESHEET

Week no. _____ Year _____

Company

Name

WORKING TIME

Day	Date	Site / order	Start	End	Break	Regular	Overtime	Travel	Note
Mo									
Tu									
We									
Th									
Fr									
Sa									
Su									
Total									

EXPENSES

Date	Type (meals, material, parking ...)	Amount CHF
Total		

NOTES (HOLIDAYS, ILLNESS, TIME OFF IN LIEU)

Date, signature employee

Date, signature supervisor