

# Consultants Time Sheet

Tel:01908 690000

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**Lucid**  
Support Services Ltd

**Consultants name** \_\_\_\_\_

**Client name (Company)** \_\_\_\_\_

**Week ending** \_\_\_\_\_

Standard Week
.....
Hours/Days*

	In	Out	Less Breaks	Chargeable Hours/Days*
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
			<b>Total (Decimal)</b>	

\* Delete as applicable

Total Hours Worked	
Standard	
Overtime	

I hereby approve the above times and expenses and understand that my Company will be invoiced for the above at the agreed rate.

**Client Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

Invoices to be submitted as per Contract  
Please copy and distribute to all relevant parties