

Contractor Work Schedule



Month: _____

Contractor name: _____

Client name: _____

Manager name: _____

Week commencing date	Monday	Tuesday	Wednesday	Thursday	Friday	Total

Total days/hours for month

Client Manager:

I confirm that services were provided as above and understand that my company will be invoiced accordingly

Signature: _____

Date: _____

Contractor:

I confirm these are an accurate record of services provided in accordance with the contractual terms & conditions

Signature: _____

Date: _____