

TIMESHEET



WEEK		YEAR	
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Name:	Client:
Do you have a team partner: Yes / No	Project:
Name team partner:	Project location:
Name driver:	Accommodation address:
Do you drive a (private) company car: Yes / No	

Day	Date	Project/ location	Start time	End time	Total hours without break	Overtime / shifted hours	Holiday hours	Sickness hours	Project KM's asked by client
MON	/								
TUE	/								
WED	/								
THU	/								
FRI	/								
SAT	/								
SUN	/								
TOTAL									

The undersigned recognises these hours / km's and confirms that these are correct.

The labour supply contract and the general terms and conditions of TecLine, on which this time sheet is based, are confirmed with this signature.

Company stamp/ signature of client	Name client representative	Date dd/mm/yy
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TRAVEL EXPENSES

Day	Date	Postal code accommodation	Postal code project location	Number of KM's	Postal code project location	Postal code accommodation	Number of KM's
MON	/						
TUE	/						
WED	/						
THU	/						
FRI	/						
SAT	/						
SUN	/						
TOTAL							

Only fill in for (private) company car	Mileage:	Date:	Time:
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HOME TRAVEL

Day	Date	Postal code accommodation	Postal code / address home country	Number of KM's
Day	Date	Postal code / address home country	Postal code accommodation	Number of KM's

I confirm that I filled out the hours and kilometers correctly.



Employee Signature

Date dd/mm/yy

Every Monday before 10am, send us a picture of your completed timesheet: timesheet@tecline.nl. Create this e-mail by scanning the QR code.