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Timesheet

Contractor's Details

Contractor's Name _____ Position _____
 Client _____ Department _____
 ARK Audit Contact _____ Timesheet No. _____ Week Ending _____

Hours

	Date	Start Time	End Time	Breaks	Hours Claimed
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				Total Hours Claimed	

Petrol/Travel Claim

Any claims for petrol or travel allowances must be entered in the box below and the authorising signatory must sign this box as well as the field below. Any petrol or travel claims that are not signed and confirmed in this manner will not be paid or invoiced.

Total Amount of Petrol Claim £ _____

OR

_____ Miles at £ _____ Per Mile _____ Total Amount of Petrol Claim £ _____

I certify that the hours shown on this time sheet and any claims for travel expenses including petrol claims have been worked and are correct

Name _____ Signed _____

Position _____ Date _____

Client Authorisation

I certify that the hours shown on this time sheet and any claims for travel expenses including petrol claims have been worked and are correct and accept that this will form the basis of an invoice, which will be paid in line with our agreed terms of business.

Name _____ Signed _____

Position _____ Date _____