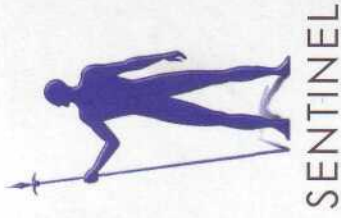


TIMESHEET

CONSULTANT NAME _____
 LTD COMPANY NAME _____
 CLIENT COMPANY NAME _____
 PERIOD ENDING _____



WEEKLY INVOICING

Please complete column **A** below if the rate on your Contract Schedule is Hourly or **B** if Daily

Day	A		B		TOTAL Standard	TOTAL Overtime
	No. Hours	Days (1, 0 or fraction)	Overtime (In Hours)	TOTAL Overtime		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL						

CONTRACTOR _____
 I hereby certify the hours/days worked are a correct record of the hours/days worked by me under the written agreement with Sentinel I.T. Ltd.
SIGNED: _____
DATED: _____

MONTHLY INVOICING

Week Ending	A		B		TOTAL Standard	TOTAL Overtime
	No. Hours	No. Days	Overtime (In Hours)	TOTAL Overtime		
TOTAL						

CLIENT _____
 I hereby certify the hours/days have been satisfactorily worked and that payment will be made in respect of these according to the terms and conditions of business, which have been agreed between our companies.
SIGNED: _____
DATE: _____
NAME: _____
POSITION: _____

WHITE COPY - SENTINEL BLUE COPY - SENTINEL YELLOW COPY - CONTRACTOR PINK COPY - CLIENT