



TIMESHEET

WEEK		YEAR	20
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Name:	Home address:
First name:	
Client:	Project location:
Project:	Country:
Project start date:	

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

We recognize these hours / km's and confirm that these have been specified correctly. The labour supply contract and the general terms and conditions of BouwGenius, 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							

HOMETRAVEL

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