

## Time sheet



|      |  |                   |
|------|--|-------------------|
| Week |  | Name: _____       |
| Year |  | First name: _____ |
|      |  | Residence: _____  |

|                        |                   |
|------------------------|-------------------|
| Assigned to company:   | Location of work: |
| Department/Project:    | Country:          |
| Project starting date: |                   |

| Day   | Date | Working hours<br>from-to | Total hours<br>without break | Absence from<br>residence,<br>incl.travel time | Hours for<br>holiday | Hours for<br>sickness | Project KM's<br>for 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 TecLine GmbH, on which this time sheet is based, are confirmed with this signature.

\_\_\_\_\_

Date

Company stamp/Signature of the client \_\_\_\_\_ Name \_\_\_\_\_

| Travelexpenses |      | Travels with             |                             | Own car           | Company car                 |                                 |                   |
|----------------|------|--------------------------|-----------------------------|-------------------|-----------------------------|---------------------------------|-------------------|
| Day            | Date | Postal code<br>residence | Postal code<br>temp housing | Number of<br>KM's | Postal code<br>temp housing | Postal code<br>project location | Number of<br>KM's |
| SUN            |      |                          |                             |                   |                             |                                 |                   |
| MON            |      |                          |                             |                   |                             |                                 |                   |
| TUE            |      |                          |                             |                   |                             |                                 |                   |
| WED            |      |                          |                             |                   |                             |                                 |                   |
| THU            |      |                          |                             |                   |                             |                                 |                   |
| FRI            |      |                          |                             |                   |                             |                                 |                   |
| SAT            |      |                          |                             |                   |                             |                                 |                   |
| Total          |      |                          |                             |                   |                             |                                 |                   |

I assure that the specified hours and kilometers have been filled in correctly.

\_\_\_\_\_

Date

Name/Signature of the employee \_\_\_\_\_ Date \_\_\_\_\_

Please send the completely filled in and signed time sheet at each last working day of the week and month in a stamped addressed envelope to TecLine GmbH, Ruhrallee 9, 44139 Dortmund, Germany. Fax: +49 231 557 165 20 Email: info@tecline.de