



**Autotech Academy**  
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TIMESHEET

PLEASE EMAIL TIMESHEET TO: **TIMESHEETS@AUTOTECHACADEMY.CO.UK**  
PLEASE DO NOT SEND TO YOUR CONSULTANT DIRECTLY OR THIS TIMESHEET WILL NOT BE ACCEPTED

INTERN'S NAME John Smith

TODAY'S DATE 

0	6	0	3	2	0
D	D	M	M	Y	Y

WEEK ENDING DATE (SUNDAY'S DATE) 

0	8	0	3	2	0
D	D	M	M	Y	Y

**NOTE TO INTERN:** The days/hours below reflect accurately the work performed and will be used for invoicing and as such must be signed for by Client and Intern below.

HOURS

Enter hours worked per day to nearest half hour. You must enter the total number of hours at end.

MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL																																	
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INTERN TO COMPLETE

I certify that the above hours are a correct record of the hours worked by me under my Terms of Engagement with Autotech Academy.

Auto Garage  
COMPANY NAME

033  
BRANCH NO./NAME

JSmith  
INTERN'S SIGNATURE

CLIENT TO COMPLETE

I certify that the hours shown above have been completed to my satisfaction and accept that this will form an invoice, which will be paid upon receipt in accordance with Autotech Academy Terms of Business.

JANE JONES  
CLIENT'S AUTHORISATION NAME (PRINT)

Jones  
CLIENT'S AUTHORISATION SIGNATURE

Forty nine  
NUMBER OF HOURS IN WORDS (E.G. FORTY EIGHT)

All timesheets **MUST** be received no later than **MONDAY, 9 AM** following the end of the week worked, in order for payment to be processed that Friday.