

Standard Timesheet



Student Name		INVOICE NUMBER	
Student CRN		Company Name	Interpreting Solutions (2Uk) Ltd
Student D.O.B		Funding Body	
Support Type			

Attended Sessions

Location support is provided	Mode of Delivery	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Total Breaks (HH:MM)	Total Hours	Student Signature	Support Worker (PRINT NAME)	Support Worker Signature

*Breaks - Support provided more than 8 consecutive hours are expected to include a break. Breaks must be recorded within 15min blocks. 'Comfort' breaks taken during shorter sessions do not need to be declared

Missed or Cancelled Sessions

Only chargeable missed/cancelled sessions should be included in this section. To ensure that we can process the invoice in a timely manner, please state the date and time when you were informed by the student that the session was cancelled along with the reason for cancellation. For non attendance please enter "NA" into the *Date and Time Informed* box below.

Reason	Date	Start Time (HH:MM)	Finish Time (HH:MM)	Total Hour	Date & Time Informed

TOTAL TIMESHEET HOURS	
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