

GCVS Timesheet Template

Project Name: _____

GCVS Project No: _____



GCVS Employee Number	Employee Name	Week 1	Week 2	Week 3	Week 4	Week 5	TOTAL HOURS PAYABLE	Other Hrs At £ Per hour
		Week Ending	Week Ending	Week Ending	Week Ending	Week Ending		

Completed By: _____

Authorised By: _____

Date: _____

SEND TO: GCVS Payroll Dept
11 Queens Crescent
Glasgow
G4 9AS

Or complete this timesheet electronically and email to tsst@gcvs.org.uk