

GCVS Timesheet Template

Project Name: _____

GCVS Project No: _____



Glasgow
Council
for the
Voluntary
Sector

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

Registered Office: 11 Queens Crescent, Glasgow G4 9AS
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