

# Timesheet

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PO-No. \_\_\_\_\_  
 week/year \_\_\_\_\_  
 Title: \_\_\_\_\_

Wintershall Holding GmbH



Name: \_\_\_\_\_

Worksite / Services	Position in PO	Start of work Time *)	End of work Time *)	Hours worked (please exclude breaks)							Total Hours	Travelling Hours Std.	km (Total)	Day fee (**)	Accommodation (***)
				Mon	Tue	Wed	Thu	Fri	Sat	Sun					
<b>Total</b>															
Start of work	Time														
End of work	Time														
Travelling hours	Hours														
Internal test certificate: (This signature does not constitute Acceptance by Company of Contractor's performance of Services.)															

Work report / Material(s) used (please use separate page if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contractor Signature: \_\_\_\_\_  
 Place: \_\_\_\_\_  
 Date: \_\_\_\_\_

Copy to: Original: attach to purchase order in SAP  
 Copy: Contractor  
 Copy: WIHO OGF/P

\*) Please specify if different jobs were carried out on one day  
 \*\*) According to PO  
 \*\*\*) Accommodation fee or Lump Sum agreed