STANDARD TIMESHEET

Student Name:		INVOICE NUMBER:	
Student CRN:		Company Name:	Cosmic People
Student D.O.B:		Funding Body:	
Support Type:			

Send to:
timesheets@cosmic.co.uk

Payroll: 01283 716 300
by 5pm Monday

Attended Sessions

Location:	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

TOTAL TIMESHEET HOURS:	

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 Hours:	Date & Time Informed: