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| Timesheet – \**Institution Name* |

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| Staff Name |  |
| Department |  |
| Staff Number |  |
| Grade  |  |
| Project Title |  |
| Project Code |  |

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| STAFF COSTS |
| Please note that a maximum of 7 hours per day Monday to Friday can be claimed. |

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| DateDD/MM/YY | Description of Activity | Outcome: Milestone/deliverable | No. Of Hours/Days | Value(£) |
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|  |  | TOTAL: |  |  |

I certify that the above is an accurate record of the time spent on the project.

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| Staff Signature: | Date: |
| Authorised by: | Date: |

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