Attachment no. 1

Working hours registration for the agreement of mandate concluded on

………………….

Month: ……………………………. 20……

Full name of the contractor:………………………..……………………………………...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day of the month** | **Number of hours of performance** | **Signature**  **of the Contractor** | **Remarks** | **Signature**  **of the orderer or an**  **authorised person** |
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| **29** |  |  |  |  |
| **30** |  |  |  |  |
| **31** |  |  |  |  |
| **Total number of hours of performance of the**  **agreement of mandate:** |  |  |  |  |