

**TO BE FILLED IN BY CLIENT FOR WEEK ENDING SUNDAY / /20**

	Hours	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Sub Total Hours	Total Hours to be paid																																																																																																																																																																																																														
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Name of Company: \_\_\_\_\_

Site Address: \_\_\_\_\_

Head Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

<b>CONFIRMED TOTAL HOURS FOR INVOICING</b>	Basic	Overtime 1	Overtime 2
Signature of the timesheet is your confirmation of the number of hours worked by the Temporary Worker/Contractor Staff. These hours will be used to calculate the charge for basic hours, overtime hours, travel & subsistence allowance and are NET OF BREAKS. <b>Failure to sign the timesheet or any inaccuracy does not absolve your obligation to pay charges properly incurred.</b> You also accept our current Terms & Conditions for the introduction or Temporary Worker/Contractor Staff additional copies of which are available on request or from our web site. <b>I am authorised by the client to sign this time sheet.</b>			
<b>Authorised Signature:</b> _____ <b>Print Name:</b> _____ <b>Position in company:</b> _____			