

Timesheet

Company Name:

Candidate Name:

Address:

Candidate Role/Position:

 Candidate Payroll
 Number:

Managers Name:

Fax Number:

Week Ending (Sunday):

Site Address:

Purchase Order Number:

Timesheet No.:

Day	Start Time	Finish Time	Hours Worked	Breaks	Chargeable Hours (Total Hours Less Breaks)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours					

Candidate Signature:

Print Name:

Date:

Timesheet Authorisation

I/We confirm that the hours recorded above are correct and the standard of work of all operatives was satisfactory. I/we agree to pay Time Recruitment Solutions Ltd's invoice in respect of the hours above within 14 days from date of invoice. I/We confirm that Time Recruitment Solutions Ltd's terms and conditions of business are the sole terms of this contract.

Client Signature:

Print Name:

Position:

Date:

TO ENSURE PAYMENT PLEASE FAX THIS TIMESHEET TO 0844 777 4846 NO LATER THAN 5PM ON THE MONDAY FOLLOWING THE WEEKEND DATE.

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