



# TIMESHEET

The Standard Conditions of Business and Terms of Engagement of the Company will govern the completion and authorisation of this timesheet.  
 Please deduct lunch breaks as necessary.

Client Details	
Client Name:	_____
Address:	_____
	_____
	_____
	_____

Working Details	
Reporting to:	_____
Purchase Order Ref:	_____
Client Ref:	_____
Working at:	_____
Week Ending:	_____

**THIS FORM MUST BE SIGNED AND RETURNED BY 12 NOON MONDAY – FAILURE TO DO SO WILL RESULT IN DELAYED PAYMENTS**

Workers Name	Job Title	Mon Hrs		Tues Hrs		Wed Hrs		Thur Hrs		Fri Hrs		Sat Hrs		Sun Hrs		Total Basic Hours	Total O/T	Total Hours	Mileage	Travel Time
		Basic	O/T	Basic	O/T	Basic	O/T	Basic	O/T	Basic	O/T	Basic	O/T	Basic	O/T					

We certify that the total hours worked are correct and we accept and pay within the agreed terms. We agree to accept your conditions of business and we acknowledge that should any temporary worker introduced by you accept an offer of employment by us, a fee calculated in accordance with your normal scale of charges for the introduction of permanent staff will become payable.

Workers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clients Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Print Name: \_\_\_\_\_