

Booking at:	Report To:
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TIMESHEET



A/c No:	W/E:	Agency Contact:	Client Order No:	Tel:
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E-mail:

Invoice Address/Notes:				CERTIFIED HOURS WORKED														TOTAL HOURS WORKED	
				MON		TUE		WED		THU		FRI		SAT		SUN			
NO	TEMPORARY'S NAME		JOB CAT	PAYROLL NUMBER	START	HRS	TOTAL HOURS WORKED												
	SURNAME	FIRST NAME			END		END		END		END		END		END		END		
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			

Name (in capitals)	Signature
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Client Authorisation

I certify that the hours on this Timesheet were worked satisfactorily.

I confirm that all breaks have been deducted.

I confirm that the invoice will be paid within 30 days from the Week Ending date above, any overtime should be paid and charged accordingly.

Position	Date and time
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