

TIMESHEET



Name: _____

Limited Company Name: _____

Client: _____

Week Ending Date (Sunday): _____

Unit B3, Courtyard Business Centre
 Dovers Farm, Lonesome Lane
 Reigate, Surrey, RH2 7QT
 TEL: 01737 235400
 FAX: 08707 630 360

**ALL TIMESHEETS MUST BE RECEIVED BY THE PAYROLL DEPARTMENT
 NO LATER THAN NOON ON TUESDAY FOR PAYMENT ON FRIDAY**

	MON	TUES	WED	THUR	FRI	SAT	SUN
BASIC HOURS							
OVERTIME SHIFT / HOURS							
NIGHT HOURS							
HOLIDAY HOURS							

	BASIC HOURS	MON – FRI OVERTIME	WEEKEND OVERTIME	OTHER HOURS	HOLIDAY HOURS	TOTAL HOURS
TOTALS						

Contractors Signature: _____

Date: _____

Client Authorisation Name: _____

Date: _____

Position: _____

Signature: _____

The Client's signature shall indicate agreement and satisfaction with both the amount and standard of work of the above Contractor and constitute an undertaking to pay in accordance with our standard Terms and Conditions.

Please fax completed timesheets to 08707 630 360 by 12pm on Tuesday