

Monthly Time Sheet

Client Address

Name of Contractor

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Month

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Consultant

--

Timesheet Number

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Customers are requested to check all the above details carefully.
 Please remember that your signature is an acceptance of our terms of contract binding your company and you therefore agree to pay the amount in accordance with the time shown.
 Alterations must be initialled by the customer.
 I hereby certify that the above is a correct record of the time the contractor has worked and confirm overtime (if claimed) has been agreed and approved.

CLIENT SIGNATURE _____

NAME IN PRINT _____

POSITION _____

DATE _____

* Please delete Hours or days where appropriate

Week Ending / /	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Standard Hours/Days*								
Overtime								

Week Ending / /	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Standard Hours/Days*								
Overtime								

Week Ending / /	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Standard Hours/Days*								
Overtime								

Week Ending / /	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Standard Hours/Days*								
Overtime								

Week Ending / /	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total
Standard Hours/Days*								
Overtime								

Please complete hours/days worked and ask the client to sign it. To help us to pay promptly, please ensure the timesheet is fully completed with the correct details. return SIGNED timesheet to the address above or by fax. Please ensure boxes are correctly completed, as payments and invoices will be based on the TOTAL boxes.

I hereby certify that the above is a correct record of the time I have worked and that I accept the contract of temporary employment supplied to me.

SIGNED CONTRACTOR _____

NAME IN PRINT _____

POSITION _____

DATE _____