clarity
appointments

**Timesheet Number:** 3688

# Timesheet

**Fax to 01480 802126**
If we can be of any assistance, please call us on 01480 479335

Name:

Job title:

Client name:

Address:

Reporting to:

Week commencing:

| | Start | Break | Finish | Total (excl. breaks) | |
|---|---|---|---|---|---|
| Monday | | | | | Please ensure that hours are recorded accurately and are totalled to the nearest 15 minutes. Final total should be entered in decimal e.g. 37.50 instead of 37½ |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Temp Signature: | | | | ☐☐ • ☐☐ | <Total hours worked |
| | | | | Standard hours | Overtime hours |
| Date: | | | | ☐☐ • ☐☐ | ☐☐ • ☐☐ |

We certify that the total hours worked are correct and we will accept your accounts for the chargeable hours at the agreed rate. We agree to accept your terms and conditions of business previously advised and acknowledge their availability on request.

Signature:

Position:

Purchase order No.:

Date:

To copy: Client • Middle copy: Candidate • Bottom copy: Office