



TIME SHEET

PLEASE FAX ALL TIME SHEETS BY 2PM ON MONDAY FAX: 01332 868299

Contractor's Name: _____

Client's Name: _____ Position: _____

Purchase Order/Site: _____

Date Week Ending: _____

STATE ACTUAL HOURS TO BE PAID, NOT START & FINISH TIMES

	Day Hours	Day O/T	Night Hours	Night O/T
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total Hours				

I confirm that I have worked all of the hours on the timesheet. Any hours in excess of 48 hours per week have been worked at my own volition.

Employee's Signature:

x. _____

We confirm that the work performed is to a satisfactory standard and as such that payment in full will be made for all of the hours recorded on this time sheet in accordance to your Terms of Business that we are in receipt of.

Customer's Signature of Approval:

Print Name:

x. _____ x. _____

**Unit 2, 24a Great Northern Court
Great Northern Road
Derby
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Tel: 01332 868291**