

TIMESHEET

1.

Week Ending Date _____ Client Name _____

Name of Worker _____ Client Address _____

Job Title _____ Client Contact Name _____

	DATE	START TIME	FINISH TIME	TOTAL HOURS	TOTAL BREAKS TAKEN	TOTAL HOURS WORKED
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
	TOTAL					

Please return this timesheet by **10.00am** on **Monday morning** by fax or email:

IPSWICH
 fax: 01473 216633
 email: enquiries@hunterskill.com

PETERBOROUGH
 fax: 01733 312980
 email: enquiries@hunterskill.com

2. To be completed by the authorised signatory
 (after completion please retain a photocopy for your reports)

I hereby certify that the details given above are a correct record of the hours, mileage and expenses of this temporary worker. I understand that an invoice will be raised from this timesheet. I also accept the Terms of Business of Hunterskill Recruitment Ltd. I am authorised by the Customer or, where applicable, the Local Authority, to sign this timesheet.

Signature _____ Print Name _____ Date _____