

DATE ISSUED



DATE RECEIVED
TIME RECEIVED

YELLOW copy - Returned to Partners, signed
PINK copy - Returned to Partners, Invoice Copy
GREEN copy - Retained by Candidate
BLUE copy - Retained by Client

TIMESHEET

PAYMENT OF WAGES CANNOT BE GUARANTEED IF TIMESHEET IS RECEIVED AFTER 5PM MONDAY

Client Name	Timesheet Number
Account Address	Client Account Number
	Order No.
	Week-Ending Date
	Week Commencing
Name of Temporary Worker	Payroll No.
	Report To

**Record of hours identifying all main breaks - Please enter hours as 24 hour clock
Cross through any days not worked**

	MON	TUES	WED	THUR	FRI	SAT	SUN	
START								
FINISH								
START								
FINISH								TOTAL HOURS
BASIC HOURS								
O/TIME HOURS								
CLIENT INITIAL/SIGNATURE								

FOR OFFICE USE ONLY

BASIC PAY RATE	PAY HOURS	BILL HOURS	BILL RATE
OVERTIME PAY RATE	PAY HOURS OVERTIME	BILL HOURS OVERTIME	BILL RATE OVERTIME

It is hereby certified that the hours shown are correct, excluding all main breaks and that the work was performed satisfactorily in accordance with the prevailing terms and conditions.

Client Signature Print Name (Block caps) Title (Block Caps)

I hereby certify that I have worked the hours shown.

Candidate Signature Print Name

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