

Company Name: _____

Your Name: _____

Week Commencing: _____

	<u>Start Time</u>	<u>Finish Time</u>	<u>Total Hours</u>	<u>Payable Hours (Less Break)</u>
<u>Sunday</u>				
<u>Monday</u>				
<u>Tuesday</u>				
<u>Wednesday</u>				
<u>Thursday</u>				
<u>Friday</u>				
<u>Saturday</u>				

Total Hours Less Breaks = _____

Any Expense's – Night out Or Toll – _____

Description: _____ Value: _____

Client Signature: _____

Print Name: _____

Position: _____

Date: _____ **** Purchase Order Number:** _____

**This signature authorising this timesheet is taken as acceptance of hours worked, for the agreed Terms and Conditions and the work has been carried out in a satisfactory manner. All break/rest periods have been deducted and authority to invoice these hours and acceptance to pay said on invoice for these hour. *the operative agrees to accept work on this contract at an hourly paid rate for period required by the client on a temporary employment basis.*

PLEASE ENSURE ALL TIMESHEETS ARE RETURNED BY 10:00 MONDAY FOLLOWING THE WEEK WORKED

Please email timesheets to payroll@tomorange.co.uk Or fax 01908 202699