

Timesheet

TIMESHEET MUST BE RECEIVED BY **12:00PM ON MONDAY**



Name _____ Week ending _____

Nature of assignment _____ Report to _____

Company name and address _____

	Date	Start time	Finish time	Lunch break	Total hours worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Client Authorisation:

I certify that the hours shown above will form the basis of an invoice. I confirm that the invoice will be paid within 7 days from the week ending above. I have received a copy of the Company's Terms of Business.

If a temporary client engages in a permanent position within 6 months of the completion by that temporary of his/her assignment with the client, the client will be liable to the Company for the permanent introduction fee.

Signed: _____

Name: _____

Position: _____ Date: _____