



TIMESHEET

CANDIDATE NAME.....WEEK ENDING DATE

CLIENT NAME.....ORDER NO:.....

ADDRESS.....

DAY	START TIME	FINISH TIME	LESS REST PERIOD	SLEEP IN	BANK HOL RATE	TOTAL
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

TOTAL HOURS:.....

SIGNED BY:.....

PRINT NAME:.....

POSITION:.....COMPANY:.....

TELE:.....DATE:.....

CLIENT DECLARATION

The above times are an accurate record of hours worked by the service provider whose performance over these hours has been satisfactory and you are hereby authorized to invoice our organisation at the agreed rate to receive payment in line with all clauses and parts of the prevailing agency terms and conditions of business

TIMESHEETS TO BE SENT NO LATER THAN 12PM MONDAY MORNING

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