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jonesbeckett
 associates

TIMESHEET

Contractor Company: _____ Contract No: _____

Name of Authorised Personnel: _____ Week Commencing: _____

Client Company: _____ Week Number: _____

	START	FINISH	LESS BREAKS	STANDARD HOURS	OVERTIME HOURS	TOTAL
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						
(Please write in days if daily rate applies)				TOTAL	TOTAL	TOTAL HOURS WORKED
Total for Week Express as Hours & Decimals						

Please make sure that all additions are correct before signing.
 If any required information is missing, your time sheet will be sent back unpaid.

Signed by Client

Name: _____

Signature: _____

Position: _____

Date: _____

Signed by Authorised Personnel
 or another officer of the contract company

Name: _____

Signature: _____

Position: _____

Date: _____

CLIENT DECLARATION

The above times stated are an accurate record of hours worked by the Contractor whose performance over these hours has been satisfactory and you are hereby authorised to invoice my company at the agreed rate to receive payment.
 By signing this time sheet you are hereby agreeing to our terms and conditions.