

Agency Staff Timesheet

FAX NUMBER 0845 20 20 331



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Name: _____

Client: _____ Week Ending: _____

Location: _____ Wk No: _____

Day	Date	Start Time	Finish Time	Breaks	S/I <input checked="" type="checkbox"/>	W/N <input checked="" type="checkbox"/>	Total Hrs Worked
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Totals							

Details of expenses to be paid by client

Date	Reason for Expense	Amount
	Mileage No of Miles @ Per Mile	
	Other	
Total		

Signed by Agency Staff: _____ Date: _____

Signed by line Manager: _____ Date: _____

reference/ Purchase order number (if applicable) _____

The client signature shall indicate agreement and satisfaction with both the amount and standard of work and shall constitute an undertaking to pay in accordance with our standard Terms of Business unless otherwise agreed in writing.