



Client Name:

Client Location or Site Name:

Worker Name:

Purchase Order Number:

Project Code:

Project Name:

Weekending Date (Sunday):

Worker name, Client name, End date & Location or Site name must be completed for timesheet to be accepted. Incomplete timesheets will be rejected.

*Please complete timesheet in full including time taken for lunch. Overtime must be entered in the correct OT columns
Hours must be stated as a decimal EG 1/2 HR = 0.50*

	Start Time	Time taken for break	Finish Time	Total Hours	Please complete if overtime hours are worked			Notes/Role
					Standard Hours	OT1 Hours	OT2 Hours	
Mon.								
Tues.								
Wed.								
Thur.								
Fri.								
Sat.								
Sun.								
Total								

Please enter total hours authorised for payment

To be completed by the worker

I certify that the above hours are a correct record of those hours worked by me for the above named client.

Print Name:

Signature:

Date:

To be completed by the Client Authoriser

I certify that the above hours have been satisfactorily worked and that payment will be made in respect of these hours according to your terms and conditions of business which I have received and accept as the basis of this transaction, unless other terms have been agreed in writing by a duly authorised representative

Print Name:

Position in Company:

Signature:

Date:

Timesheet to be submitted to agency@resourcing-solutions.com before midday Tuesday