

# Weekly Time Sheet



Timesheets must be completed, signed off and returned no later than 12 noon of the following Monday. Failure to do so will delay payment.

Our Ref:	
Week Commencing:	
Employee's Name:	

Company Name:	
Contact Name:	
Company Address:	

Office                      Ambrose House  
Milton Road  
Swindon  
SN1 5JA

Telephone                01793 60 16 44

Fax                         01793 60 16 54

Email                     sw@secondsite.co.uk

Web                        www.secondsite.co.uk

DAY	DATE	START		FINISH		LUNCH		HOURS	
		Hours	Minutes	Hours	Minutes	Hours	Minutes	Hours	Minutes
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
<b>TOTAL HOURS WORKED:</b>									

As authorising signatory, I confirm that the details above are the total hours to be invoiced.

Client Signature:	Print Name:	
	Position:	
	Date:	

Employee Signature:
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Fax your completed and signed timesheet to:

**(01793) 60 16 54**

You must phone to confirm receipt after faxing. Failure to do so could result in non payment.