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Timesheet

(NB: Only for work via email)

PLEASE SEND COMPLETED TIMESHEETS BY MONDAY 12 NOON TO FAX NUMBER 020 7371 5550 – FAILURE IN COMPLETING THE TIMESHEET PROPERLY WILL RESULT IN DELAYED PAYMENT.

Name of Temporary:

Position:

Company Name:

Week ending date:

Job Number:

PLEASE ENSURE YOU USE THE 24 HOUR CLOCK WHEN COMPLETING THIS TABLE – ALWAYS KEEP A COPY

	FROM	TO	HOURS worked (e.g. 2hrs & 30mins = 2.5 hrs)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Total hours worked (min. 1 hour) _____

CERTIFICATE OF HOURS WORKED

I certify the total of hours, including overtime hours, have been satisfactorily worked and that payment in respect of these will be made according to your Terms of Business which I have received from you and accept on the basis of this transaction.

Date.....

Signature.....

Name & Position.....