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| **Invoice** |  |

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| **Teacher’s name** |  | **Week ending** |  |

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| **School Name** | Mon | **Tue** | **Wed** | **Thu** | **Fri** | **Total** | **Name** | **Signature** | **Date** |
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| **Approval Requirement** |  |  |
| **SCHOOL** I confirm that the temporary worker named above has satisfactorily completed the hours/days stated, as adjusted if necessary. Your invoice will be processed in line with your agreed payment terms.  **Please note that if you directly engage this temporary worker in future, or introduce them to a third party, a transfer fee may apply in accordance with your contractual Terms and Conditions.**  By signing this timesheet, you acknowledge and accept our Terms and Conditions. | **Signed** |  |
| **WORKER** I confirm that I have worked the hours/days stated above, have taken all required rest periods, and that the information provided in this timesheet is accurate and complete. | **Signed** |  |
|  | **Print Name** |  |