



CONTRACTOR TIMESHEET

Worker Name _____

Client Name _____

Week Ending _____

Monday		Tuesday		Wednesday		Thursday		Friday		Normal	Overtime	Saturday	Sunday	Total
Norm	O/T	Norm	O/T	Norm	O/T	Norm	O/T	Norm	O/T	Hours	hours	Hours	Hours	Days

I certify that the above is a true statement of hours worked

Contractor: *Signature* _____

Client's Representative: *Signature* _____ *Name* _____

These signatures confirm that the work is complete to a good quality standard and that the client is satisfied.
The Work Exchange Ltd will only pay the invoice once the timesheet has both signatures.

Additional notes:

Email to: payroll@workexchange.uk

Timesheets and invoices must reach the office by Email no later than 10am on Tuesday.

If you work on an hourly rate with arranged overtime rates, please enter the hours worked into the relevant hour's boxes.

If you work on a flat daily rate please enter a tick or a number 1 in the Norm box, and the total days in the "total days" box

If you work through a limited company please ensure that you send an invoice with your timesheets made out to: The Work Exchange Ltd, 3rd Floor, 86-90 Paul Street, London, England, United Kingdom, EC2A 4NE. If you work through an Umbrella company, please ensure that you advise them of your hours worked.

For any queries please call us... Recruitment Office: 01892 352 179