



## Time Sheet

Client's name and full address:

Chef: \_\_\_\_\_

Week ending: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time      Time      Break      Total  
 In      out

Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Total hours for the week:

For and on behalf of the Client:

\_\_\_\_\_  
 \_\_\_\_\_

As the Client sign the Applicant's timesheet, they hereby agree to pay within 30 Days of receiving the corresponding invoice.

Tel: 01519335651 / 07871352564 (64 Mill Lane, Liverpool, L12 7JB)



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