

Time Sheet



Time Sheet

				Client	t's name and full address:							Client's name and full address:
Chef:			_				Chef:		_			
Week ending:_			_			Week er	nding:		_			
	Time	Time	Break	Total				Time	Time	Break	Total	
	In	out						In	out			
Monday					Total hours for		Monday					Total hours for
Tuesday					the week:		Tuesday					the week:
Wednesday							Wednesday					
Thursday					For and on behalf		Thursday					For and on behalf
Friday					of the Client:		Friday					of the Client:
Saturday							Saturday					1
Sunday]		Sunday					

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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