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Request for additional Timesheets

Head Office & Accounts, CDI-Anders Elite Ltd. Capital House, Houndwell Place, Southampton SO14 1HU
 Telephone: 023 8022 3511 Fax: 023 8022 7911 E-mail: accounts@AndersElite.com www.AndersElite.com

TIME SHEET

Client Number:

□□□□□□□□

Timesheet no:

□□□□□□□□

Client Address

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Contract Number:

□□□□□□□□

Name:

□□□□□□□□

Payroll Number / PIN Number:

□□□□□□□□

Report To:

□□□□□□□□

Category:

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CERTIFICATE OF HOURS WORKED

PLEASE USE DECIMAL TIMES ONLY

	Start	Finish	Breaks	Total Standard	Total Overtime
<i>Example</i>	09.00	17.50	0.75	07.00	0.75
Saturday	□□.□□	□□.□□	□.□□	□□.□□	□□.□□
Sunday	□□.□□	□□.□□	□.□□	□□.□□	□□.□□
Monday	□□.□□	□□.□□	□.□□	□□.□□	□□.□□
Tuesday	□□.□□	□□.□□	□.□□	□□.□□	□□.□□
Wednesday	□□.□□	□□.□□	□.□□	□□.□□	□□.□□
Thursday	□□.□□	□□.□□	□.□□	□□.□□	□□.□□
Friday	□□.□□	□□.□□	□.□□	□□.□□	□□.□□
Expenses: (per attached sheet)	□□□□□□.□□	TOTAL HOURS:		□□.□□	□□.□□

CLIENT USE ONLY	I certify that the total number of hours has been satisfactorily worked and the correct breaks have been deducted. I confirm that payment will be made according to your terms of business which I have received from you and accept as the basis of this transaction.	
	Name	Position
	Client Signature	Date

WORKER PLEASE NOTE
 The top copy of this time sheet must be sent to the above address. Please retain the yellow copy.

CLIENT PLEASE NOTE
 Please retain the blue copy of this Time Sheet which you can use to cross reference with the invoice that will be sent next week. This will carry the same Time Sheet number as above. The invoice will cover wages already paid and will be due for settlement within seven days.