

5048471032

Timesheet Number:

Forename:

Surname:

Ltd Company Name:

Address:

Client Name:

**Workers on an HOURLY rate only**

	Start 24 hour clock	Lunch in minutes	Finish 24 hour clock	Hours worked in hours and minutes
Example	0 8 3 0	6 0	1 8 1 5	0 8 4 5
Mon	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thur	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fri	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sat	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sun	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Standard hours worked

O/T hours worked

Total hours worked

All minutes will be rounded down to the nearest 15 minutes

**Workers on a DAILY rate only**

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Days worked
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hourly overtime (where applicable)

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Daily overtime only applicable when a full day has been worked
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

EXAMPLE:  
For daily and weekly rates

Workers on a **WEEKLY** rate only.

Registration Number

Letter Numbers

Weekending date (Friday)

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**To be completed by the client**

I hereby confirm that I am authorised to sign this, the workers timesheet. I also confirm that the hours stated as worked by the worker are correct and that the worker's performance has been carried out to my satisfaction (in relation to your terms and conditions of supply).

I understand that by signing this document my signature will be relied upon to both pay the worker and to raise an invoice for your own and the workers services.

I confirm that we are in receipt of your terms and conditions of supply in relation to the worker (further copies of which are available on request).

Authorised Signature:

Print Name

Position

**Payroll Timetable**

Timesheets/Invoices received by 5pm on  will be paid in to your account on

M	T	W	T	F	S	S	M	T	W	T	F
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Payroll Services Info:**

Phone number for queries: 020 7910 8786  
To request a timesheet by e-mail send a blank e-mail to [timesheet@badenochandclark.com](mailto:timesheet@badenochandclark.com) or visit our website at:  
[www.badenochandclark.com](http://www.badenochandclark.com)

Please fax this timesheet to **Payroll Services** on **020 7583 4333** or **020 7583 4666** or post to **Payroll Services, PO Box 18178, London, EC4V 6NB**

**Before sending us your timesheet please:**

- Ensure that the timesheet is completed in full. Any omissions or errors may delay your payment
- Ensure that your registration number and the weekending date are correct
- Ensure that there is an authorising name and signature in the correct boxes
- Keep the original copy of your timesheet for your reference and give a copy to the client
- Fax your Ltd company invoice & any other correspondence to **020 7583 1716**
- Do not send duplicate copies of your timesheet in the post