

TIMESHEET

Candidate.....

Job Title.....

DOB..... NI.....

Week ending date (Sunday)		
/	/	
day	month	year

ALL parts of the timesheet need to be completed, if not completed it will not be processed. When calculating your hours please round to the nearest ¼ hour. For business related travel/expenses a client authorised expense form needs to be enclosed.

PLEASE RETURN TIMESHEET NO LATER THAN MONDAY 12.00 TO ENSURE PROMPT PAYMENT.

	Start	Lunch Break	Finish	Daily Hours Total	Expenses Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total Hours / Expenses to Claim					

To safeguard your organisation ensure all columns are totalled and please strike out all empty boxes

(Please complete in bold)

Total Hours Worked in Words: PO number:
For Travel/Expenses a Client Authorised Form Needs To Be Attached.

**Candidate Signature: Date:

Company Name: Site Address Postcode:

Invoice Address if known:

Client Authorisation (Please complete in bold)

PLEASE NOTE: Confirmed by, Job Title, Client Signature and date to be completed by CLIENT ONLY

Confirmed By: Job title:

**Client Signature: Date:

** By signing this timesheet you agree to abide by Niyaa Peoples terms of business.

Once completed please

FAX to: 0121 285 7555

Or Email: timesheet@niyaapeople.co.uk