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TIMESHEET

Times to be recorded to the nearest 1/4 hour. All Timesheets must be signed.

CONTRACTOR NAME: _____	WEEK NUMBER: _____
CLIENT NAME: _____	WEEK ENDING DATE: _____
ADDRESS: _____	ORDER No: _____

	HOURS COMPLETED	REST PERIOD DEDUCTION	OVERTIME HOURS x 1 1/3	OVERTIME HOURS x 1 1/2	OVERTIME HOURS x 2	TOTAL
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
WEEKLY HOURS						

SIGNED BY: _____
PRINT NAME: _____
POSITION: _____
COMPANY: _____
TELEPHONE No: _____
DATE: _____

OFFICE USE ONLY		
	EMP RATE	CLIENT RATE
NORMAL HOURS		
WEEKDAY OVERTIME		
SATURDAY OVERTIME		
SUNDAY OVERTIME		

CLIENT DECLARATION

The above times stated are an accurate record of hours worked by the Service Provider whose performance over these hours has been satisfactory and you are hereby authorised to invoice our organisation at the agreed rate to receive payment in line with all clauses and parts of the prevailing Agency Terms & Conditions of Business.

**PLEASE ENSURE THAT COMPLETED TIMESHEETS ARE
FAXED TO 01384 254415 BY 10.00AM ON MONDAY.**