TIMESHEET ~ FOR LOVE & TATE TEMPORARY SUPPORT STAFF

Client Name:(Company)								
For the supply of services of: (Name of temporary worker or limited company)						For week ending date:		
	MON	TUE	WED	THURS	FRI	SAT	SUN	
START TIME								
FINISH TIME								
LUNCH BREAK								WEEKLY TOTAL
TOTAL HOURS (LESS LUNCH)								
CLIENT AUTHORISATION	ON: I agree that t	the above hours	are correct. I am	satisfied with the	work completed	and have read ar	nd agreed to the	terms of business.
SIGNATURE (Authorising Manager):						PRINT NAME:		
POSITION:						DATE:		
ND. VOLID SIGNATURE L	EDE COMMITS VO	NI TO DAVMENT I		VIITHUDISED DI	EASE DETAIN A C	ODV EOD VOLID E	DECODING	



Please fax to: 020 3582 4071 or scan and email to payroll@lovetate.co.uk Jun 2014 / 05

