

ALLAN | CARTER

The Recruitment Partner

TIMESHEET

Distribution:

Original to Allan|Carter

1 Copy to the client

1 Copy to the contractor

Client's Company Name and Address:

Timesheet Number:

Account Number:

Client Reference:

Week-Ending Date:

Name of Contractor:

Assignment Start Date:

TO BE COMPLETED BY CLIENT ONLY:

A total of _____ (amount in words) hours/days have been worked to our satisfaction.

We confirm payment will be made in full according to Allan|Carter Ltd's terms & conditions of business.

No. of days worked 1 2 3 4 5 6 7

Client's signature: _____

Print name: _____

Job title: _____

Date: ____/____/____

	HOURS (IF PAID PER HOUR)	DAYS (IF PAID PER DAY)
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		
TOTAL HOURS/DAYS		

Allan|Carter Ltd.

Company Registration Number: 5110190

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