



Unit 4, The Old Courthouse, Tenterden Street, Bury BL9 0AL. E-mail: timesheets@firstlogistics.co.uk Tel: 0161 832 4111

First Name	Surname of Temporary worker
Job Description	
Site Address/Report to:	

CERTIFICATE OF HOURS WORKED					
CLIENT - PLEASE COMPLETE CHARGEABLE HOURS & INITIAL ANY ALTERATIONS					
	FROM (Start time)	TO (End time)	TOTAL HOURS	LESS BREAKS	CHARGEABLE HOURS
SUN					
MON					
TUE					
WED					
THUR					
FRI					
SAT					
	Total Hours to be charged				
Expenses					

Temp. Number
W/E
A/C No.
Client Order Number
Managers Authorisation
Date

**GREEN COPY
FOR CLIENT'S
RETENTION**

I/We confirm that the total hours worked are correct and that the standard of work was satisfactory. I/We agree to pay First Logistics Limited invoice in respect of the hours above within 7 days of its date. I/We confirm that First Logistics Limited terms and conditions are the sole terms of this contract.

Signature

DULY AUTHORISED BY THE CLIENT COMPANY

Print Name

Position

Date

This time sheet **MUST BE SIGNED BY THE CLIENT** before submission for payment. The temporary worker will only be paid on the basis of a signed time sheet.

FOR OFFICE USE ONLY				
	BASIC HOURS	OVERTIME HOURS 1	OVERTIME HOURS 2	OVERTIME HOURS 3
TEMP RATE				
CHARGE RATE				
HOURS				