



Once completed, this form should be sent to us by 1700 each Friday. Failure to do so may delay your pay.

You can email it to us at timesheets@trial-balance.co.uk or
upload it through our website www.trial-balance.co.uk/temps-area

Feel free to send a scanned copy or a photo

Week Ending: _____

Name of Temporary Worker: _____

Name of Client: _____

Address of Client: _____

Contact Name & Title: _____

(Please advise if invoicing details differ from the above)

DAY	NUMBER OF HOURS WORKED <i>IN DECIMALS</i>		DAILY TOTAL OF HOURS <i>IN DECIMALS</i>	HOLIDAY REQUEST <i>IN DECIMALS</i>	EXPENSES (£)
	AM	PM			
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
TOTALS					

I confirm that the above Temporary Worker has worked the hours stated and agree to settle your invoice within seven days of presentation in accordance with your Terms and Conditions of Business.

These terms and conditions are available on request at any time - clients@trial-balance.co.uk

Authorised Client Signature: _____

Position: _____

I hereby certify that the above is a correct record of the hours I have worked for the week ending stated above.

Temp Signature: _____

Date: _____



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