

**THIS TIMESHEET MUST BE  
RETURNED BY 9 A.M. MONDAY TO**

**TELEPHONE**  
**01323 747777**



**FAX**  
**01323 737011**

**Grafters**  
Accountancy Personnel

7a Bolton Road, Eastbourne, East Sussex BN21 3JU

Company Name & Address
Temp. Name <span style="float: right;">Category</span>
Details <span style="float: right;">Week Commencing</span>

<b>CERTIFICATE OF HOURS WORKED</b> (Client - Please check chargeable hours and initial any alterations)					
	START TIME	FINISH TIME	TOTAL HOURS	LESS BREAKS	CHARGEABLE HOURS
Sat					
Sun					
Mon					
Tues					
Wed					
Thurs					
Fri					
TOTAL HOURS TO BE CHARGED					
ALLOWANCES					

*I/We confirm the total hours worked are correct and that the standard of work was satisfactory. I/We agree to pay GAP's invoice in respect of the hours above within 30 days of its date. I/We confirm that I/We have received and agree to GAP's conditions of business and that those conditions are the sole terms of this contract.*

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

