



Temporary Timesheet

Name:

Company:

Week Ending:

	am start	am finish	pm start	pm finish	Total Hours Worked (not including breaks)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				TOTAL	

Signed (Candidate) **Date**
 (By signing this timesheet you are stating that the hours entered above are a true accurate account of the hours you have worked this week. (see week ending date above.)

Signed (Client) **Date**
 (By signing this timesheet you are authorising Kate+Co to pay the candidate based on the hours entered above. An invoice will be created from this information, and once the candidate has been paid mistakes cannot be rectified.)

Please ensure that this timesheet is faxed back to Kate+Co by close of business on the Friday of the week you are working. Failure to return a signed timesheet on time will result in a delay in payment.

Fax Number – 0121 705 1107