



17 Cheetham Street, Rochdale OL16 1DG  
 Tel: 01706 860070 Fax: 01706 860080  
 payroll@bamfordcs.co.uk www.bamfordcs.co.uk



# WEEKLY TIMESHEET

Assignment Location

Timesheet Number :  
 Our Reference :  
 Clients Reference :  
 Week Ending Date :  
 Start Date :

Name of Temporary Worker

Registration No.

Job Title

SUMMARY OF HOURS WORKED (TO BE COMPLETED IN FULL BY CLIENT, WHO SHOULD INITIAL ANY CHANGES)						Office Use Only
	Start Time	Finish Time	Less Breaks	Hours Worked	Other (by prior agreement)	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
<b>TOTALS</b>						

Clients Declaration:

We certify that the total hours shown on this timesheet have been satisfactorily worked and that payment will be made in respect of these and any amounts in the "other" column in accordance with the \*Terms of Business of Bamford Contract Services Limited which we have received and accept as the sole basis of this transaction.

SIGNATURE OF CLIENT'S AUTHORISED REPRESENTATIVE

NAME & JOB TITLE (Please Print)

DATE

\*(Additional copies available on request)