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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					
TOTALS					

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 _____ DATE _____

NAME & JOB TITLE (Please Print)

*(Additional copies available on request)