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WEEKLY TIMESHEET

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

Assignment Location

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)