

Multiple Worker Timesheet

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Client Name: _____

Invoice Address: _____

Work Address: _____

Timesheet No.: _____

P/O No.: _____

Week Ending Date: _____

B = Basic O = Overtime

Name of Worker	Trade	Mon		Tues		Weds		Thur		Fri		Sat		Sun		Total Hours		Comments	Pay Rate	Chrg. Rate
		B	O	B	O	B	O	B	O	B	O	B	O	B	O					

I understand that the above hours to be paid, are net of breaks and indicate that all work within these hours has been completed satisfactorily.

I also understand that all personnel are supplied under the Terms and Conditions of On-Site Recruitment Solutions Limited as previously received, agreed to and duly signed by an authorised representative of the above client. These terms supercede all others unless agreed in writing by a Director of On-Site Recruitment Solutions Limited.

Signed:

(Authorised Signatory only)

Position:

Print Name:

Date: