


TEMPORARY STAFF WEEKLY TIMESHEET

Temporary Worker's Name	Company Name	Week Ending Friday
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Please complete and return this timesheet to our Administration Department **before 11am Monday**
2nd Floor, Oak House, Brunswick Street, Macclesfield, Cheshire SK10 1ER. Fax: 01625 615119

	EXAMPLE	MON	TUES	WEDS	THURS	FRI	SAT	SUN	TOTAL HOURS
Start Time	9.00								
Finish Time	5.45								
Lunch Break	-1hr	DEDUCT FROM TOTAL							
Hours Worked	7.45								

Client Declaration:

The above is an accurate record of the hours worked by the Temporary Worker whose performance over these hours has been satisfactory. You are hereby authorised to invoice our Company/organisation at the agreed rate and we agree to accept the prevailing agency terms and Conditions of business. Please note that clients will **not** be invoiced with the mileage/expenses detailed below.

AUTHORISED SIGNATURE **PRINT NAME**

POSITION **DEPARTMENT** **DATE**

To be completed by the Temporary Worker

Transport (to and from work only)

Total Mileage (to be recorded to the nearest full mile)

Method of Transport

Car Motorbike Bicycle

Bus/train (please attach copy tickets/receipts)

£ Total £ value claimed of travel tickets/receipts

My home postcode

My work postcode

Subsistence

(claim for meals & non-alcoholic beverages)

Number of days worked over 5 hours (not including travel & excluding breaks, up to £5 per day)

Number of days worked over 10 hours (including travel & excluding breaks, up to £15 per day)

£ Total

(Example, 4 days @ £5 & 1 day @ £15 = £35)

TEMP SIGNATURE **DATE**

I confirm that I am site-based in accordance with section 336-339 ITEPA 2003 and have incurred the expenses claimed. I claim for a meal for each day worked over 5 hours, all expenses claimed relate to a site(s) that I expect to work at for less than 24 months and I intend to work at more than one site during my contracting career.