



TIME SHEET

WEEK ENDING DATE

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77 Cornhill, London EC3V 3QQ
 Tel: 44 (0)20 7556 1120 Fax: 44 (0)870 242 9490
 Web Site: www.synergygroup.co.uk E-mail: synergy.payroll@synergygroup.co.uk

CLIENTS NAME	CLIENT CONTACT
INVOICE ADDRESS	REPORT TO
	LOCATION OF WORK
	CLIENTS ORDER NO.

**TOP TWO COPIES FOR SYNERGY OFFICE, YELLOW COPY MAY BE RETAINED BY CLIENT.
 PINK COPY SHOULD BE RETAINED BY CONTRACTOR.**

ALL TIMESHEETS & ACCOMPANYING DOCUMENTATION TO BE RECEIVED BY SYNERGY PAYROLL
 DEPT NO LATER THAN 17:00 ON TUESDAY.

NAME OF CONTRACTOR	SURNAME	FORENAME
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	Start	Finish	Breaks	Total Hours Worked	Basic Rate Hours	Night Hours	Overtime Rate Hours	Notes or Details of Expenses & Additional Payments & Charges
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTAL								

SIGNED _____

Contractor's Signature _____ Job Title _____

We certify that the details of attendance stated above are correct and that the work of the above named has been satisfactory. We confirm our agreement to your terms and conditions of business and undertake to pay your account in accordance with such terms, of which we have received a copy.

SIGNED _____ DATE _____

PRINT NAME _____ Client's authorised signature

STATUS _____

CHECK THIS TIME SHEET CAREFULLY AS YOUR SIGNATURE IS OUR AUTHORITY TO INVOICE FOR TOTAL PAYMENT