



TIMESHEET

222 Bishopsgate, London EC2M 4QD
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 Email: synergy.payroll@synergygroup.co.uk
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CLIENT'S NAME	LOCATION OF WORK
INVOICE ADDRESS	CLIENT'S ORDER NO.

ALL TIMESHEETS AND ACCOMPANYING DOCUMENTS NEED TO BE RECEIVED BY SYNERGY PAYROLL DEPARTMENT NO LATER THAT 17:00 ON TUESDAY PLEASE.

WEEK ENDING DATE:

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NAME OF CONTRACTOR _____ **SURNAME** _____ **FORENAME** _____

	Start	Finish	Breaks	Total Hours Worked	Basic Rate Hours	Night Hours	Overtime Rate Hours	Sleep-ins
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTAL								

SIGNED _____
 Contractors 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.

PRINT NAME _____ DATE _____

SIGNED _____ * Client's Authorised Signature

STATUS _____

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

The Synergy Group is a trading name of HBHC Synergy Ltd.
 * By signing this timesheet, you are agreeing to HBHC Synergy Ltd.'s Terms and Conditions.