



TIMESHEET

Please ensure you and the client have completed the form below and that it is signed by an **authorised** person at the end of the week/assignment. It should then be faxed to: Meritas Consultancy LLP on: **020 7384 6551** by 5.00pm on Friday.

Please keep a copy for yourself, and pass back the original **signed** and **completed** form to the client.

Candidate Registration No. _____

Candidate Name: _____
(in capitals)

Tel No: _____

Client Company Name: _____

Client Tel No: _____

Reporting To: _____

Week ending date: _____
(Sunday, even if you have not worked weekends)

VAT registered: **Yes** **No**
(please delete as appropriate)

Name of your Limited Company : _____
(if applicable)

Candidate Signature: _____
(This confirms receipt and acceptance of our **Terms of Business**)

DAY	Start Time (24hr clock) hrs / mins	Finish Time (24hr clock) hrs / mins	Lunch Hour hrs / mins	TOTAL per day hrs / mins	TOTAL per day ex. lunch hrs / mins	Overtime hours hrs / mins
Monday	/	/	/	/	/	/
Tuesday	/	/	/	/	/	/
Wednesday	/	/	/	/	/	/
Thursday	/	/	/	/	/	/
Friday	/	/	/	/	/	/
Saturday	/	/	/	/	/	/
Sunday	/	/	/	/	/	/
			WEEKLY TOTAL			

If on a daily rate, please tick the days worked, below:

Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___ **TOTAL
DAYS** ___

CLIENT

I agree to the hours shown above and confirm that I accept your **Terms & Conditions of Business** as attached.

Name _____

Position _____

Signed _____

Date _____