Timesheet

Please complete your details below.
Ask your employer to sign it and then return this to Elite.

elite PERSONNEL

Employee first name	Employee surname
Company name	
Company address	
	Postcode
Contact name	Contact tel.

Week ending ___/___/_____ Week number _____ Client number _____

Date invoiced ___/___/_____ App. number _____ Invoice number _____

	Start	Finish	Lunch break	Overtime	Day total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

GRAND TOTAL

To be completed by client only:

We confirm that a total of _____ hours have been worked to our satisfaction.

We confirm that payment in full will be made in accordance with terms and conditions of business as outlined overleaf.

Signature

Position

Date ___/___/_____

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