

Account Address

Timesheet Number

Ref. No.

Client Purchase Order No.

Week-Ending Date

Name of Temporary Worker

Assignment

**SUMMARY OF HOURS WORKED**

	Time Started	Time Finished	Time taken for meals	Regular Hours	Hours @ time x 1½	Hours @ time x 2	Total Hours
Sat.							
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
				<b>TOTAL</b>			

I certify that this total number of hours have been satisfactorily worked that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of this transaction.

CLIENT  
SIGNATURE:PRINT  
NAME:

DATE: