

Service Care Solutions Ltd  
 Payment Services  
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 Preston, PR1 3NU

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# TIME SHEET

Fax: 0870 762 6020



E-mail: info@servicecare.org.uk

Web: www.servicecare.org.uk

Name of Worker: ..... Contract No: .....

Limited Company: ..... Week Commencing: .....

Client Name: ..... Client Location: .....

	DATE	START	FINISH	LESS BREAKS	STANDARD HOURS	OVERTIME HOURS	TOTAL
MON							
TUES							
WED							
THUR							
FRI							
SAT							
SUN							

PLEASE MAKE SURE THAT ALL ADDITIONS ARE CORRECT BEFORE SIGNING.

IF ANY REQUIRED INFORMATION IS MISSING, YOUR TIME SHEET WILL BE SENT BACK UNPAID

**Total for Week**

TOTAL	TOTAL	TOTAL HOURS WORKED

**Signed by Client:**

Name: .....

Signature: .....

Position: .....

Date: .....

**Signed by Worker:**

Name: .....

Signature: .....

Position: .....

Date: .....

### CLIENT DECLARATION

The above times stated are an accurate record of hours worked by the contractor whose performance over these hours has been satisfactory and you are hereby authorised to invoice my organisation at the agreed rate to receive payment.

By signing this time sheet you are hereby agreeing to Service Care Solutions terms and conditions of business as provided.