

Week Ending: 20 Pages: Form No.
Day Month Year

Contractor No : - Booking No : -

Contractor Name :

Payment Made as Own Company / Business:
 YES NO

Client Organisation :

	Start Time (HH:MM)	Finish Time (HH:MM)	Meal Break (HH:MM)	Total Hours (HH:MM)	Days (if paid a daily rate)
Example	0 8 : 3 0	1 7 : 0 0	0 0 : 3 0	0 8 : 0 0	1
Mon	:	:	:	:	
Tue	:	:	:	:	
Wed	:	:	:	:	
Thu	:	:	:	:	
Fri	:	:	:	:	
Sat	:	:	:	:	
Sun	:	:	:	:	
Total for Week:				:	

Authoriser's Name:

Position Held: Cost Centre / Department:

 Authoriser's Signature

 Contractor Signature

As an authorised representative of the organisation, I accept and approve that the above hours/days worked are correct. By signing this Time Sheet, I acknowledge my acceptance of Franklin Smith's Terms and Conditions of Business, including payment terms. I understand that no payment will be made to the Contractor unless the Time Sheet is signed by the authoriser.

Please fax or email by close of business on Monday 5pm. Note: Time Sheets not received by the Monday deadline will result in no payment being made to you for those hours. The fax number should only be used for time sheets and (where applicable) independent contractor invoices.

Continuing with this assignment next week YES NO