

TO	COMPANY	FAX NO
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Please complete the details below and fax this timesheet back to Absolute Recruitment Ltd at your earliest convenience. "X" denotes days NOT worked.

**PLEASE RETURN TIMESHEETS
BY 12 MIDDAY ON MONDAY**

WEEK COMMENCING DATE

CUSTOMER ACCOUNT NO:	ACCOUNT REF:
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REPORT TO:	DEPARTMENT:
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SITE ADDRESS:



20-22 High Street, Crewe, CW2 7BN
Tel: 01270 509 266 / 509 277
Fax: 01270 252 177

INVOICE ADDRESS (if different):

TEMPORARY'S NAME AND PAYROLL NO	HOURS WORKED (minus breaks etc)							TOTAL HOURS	CHARGE RATE
	MON	TUE	WED	THU	FRI	SAT	SUN		

TOTAL HOURS FOR TIMESHEET

I certify that the TOTAL hours have been satisfactorily worked and that payment will be made according to your terms of business as stated.

I acknowledge receipt of and accept Absolute Recruitment UK Ltd's Terms of Business for the supply of this Temporary Worker

I authorise Absolute Recruitment UK Ltd to use this Timesheet as the basis of an Invoice which will be paid in accordance with Absolute Recruitment UK Ltd's Terms of Business.

..... Authorised Signature Date
..... Print Name Position