

Consultant Name _____
Client _____
Location _____
 Daily Hourly

Modis Managed Services, Payroll Services
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 Payroll queries Tel: +44 20 7360 3000
 Timesheets/Invoices Fax: +44 20 7082 3095

Week Commencing	Day	Standard Hours	Overtime Hours			Leave	Sick	Comments/notes
			Rate 1	Rate 2	Rate 3			
	MON							
	TUES							
	WED							
	THUR							
	FRI							
	SAT							
	SUN							
Week Totals								
	MON							
	TUES							
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	THUR							
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Week Totals								
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Week Totals								
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	TUES							
	WED							
	THUR							
	FRI							
	SAT							
	SUN							
Week Totals								
GRAND TOTALS								

OFFICE USE ONLY:	Client's signature	Consultant's signature
Processed date:	Print Name	Print name
Processed by:	Date	Date
NB: Timesheets not signed by authorised client personnel will not be processed for payment.	I hereby confirm that I am authorised to sign this consultant's timesheet. I also confirm that the hours stated as worked are correct and that the work done is to my satisfaction. I understand that my signature will be relied upon to pay the consultant and to bill the client.	My signature on this timesheet constitutes my acknowledgement that I have received prior to the date hereof and have agreed to all the terms and conditions of my contract with Modis. I confirm that the details shown above in this timesheet are correct.