

Forename: _____ Your Telephone No.: _____
 Surname: _____
 Client Name: _____
 Registration No:

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 Cost Centre: _____

Please indicate if this is for hourly rate or daily rate. Daily Hourly

Weekending Date (based on Saturday) All hours must be in a decimal format e.g. 8.25 hours

	sun	mon	tue	wed	thu	fri	sat	Total	OT
Week 1 []/[]/[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
for monthly paid contractors									
Week 2 []/[]/[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
Week 3 []/[]/[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
Week 4 []/[]/[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
Week 5 []/[]/[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
Any additional payment information: _____								Total	[]

Workers on a WEEKLY rate only

[]/[]/[]	<input type="checkbox"/>
[]/[]/[]	<input type="checkbox"/>
[]/[]/[]	<input type="checkbox"/>
[]/[]/[]	<input type="checkbox"/>
[]/[]/[]	<input type="checkbox"/>

To be completed by the client

I hereby confirm that I am authorised to sign this, the worker's timesheet. I also confirm that the hours stated as worked by the worker are correct and that the worker's performance has been carried out to my satisfaction (in relation to your terms and conditions of supply). I understand that by signing this document my signature will be relied upon to both pay the worker and to raise an invoice for your own and the worker's services. I confirm that we are in receipt of your terms and conditions of supply in relation to the worker (further copies of which are available on request).

Please **fax** this timesheet to Payroll Services on:
020 7082 3096

- Before sending us your timesheet please:**
- Ensure that the timesheet is completed in full **electronically**. any omissions or errors may delay your payment.
 - Ensure that your registration number and the weekending date are correct
 - Ensure that there is an authorising name and signature in the correct boxes
 - Keep the original copy of your timesheet for your reference and give a copy to the client.
 - Fax your Ltd company invoice to **020 7082 3096**
 - Please do not send duplicate copies of your timesheet in the post

Authorised Signature

 Print Name

 Position

Absence

Total days paid holiday

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 Total Sick days

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Please ensure that you obtain authorisation from your manager before taking holiday

Payroll Services info:
 Phone number for queries: **020 7360 3000**
 To request a new pdf timesheet send a blank e-mail to modistime@mpsgl.com
 or visit our website at:
www.modisintl.com