

Timesheet:

All boxes in this area must be completed or this timesheet to be valid. Please ensure timesheets are sent on a weekly basis. To ensure prompt payment, timesheets must be submitted by **10pm Sunday**.

Full Name					
Job Title					
Organisation					
Department					
Day	Date	Start Time	Finish Time	Length of Meal Break	Hours Worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				TOTAL	

Candidate declaration:

I hereby confirm that the above is a true and accurate record of work undertaken

Signature _____ Name _____

Client Confirmation

I confirm that the above hours are correct and the temporary worker undertook his/her duties in a competent manner. I confirm acceptance of LAM Services' terms of business and I understand that my signature to these hours will constitute the raising of an irreversible invoice or payment within 28 days in accordance with LAM Service's Terms and conditions.

Signature _____ Print Full Name _____

Position _____ Date _____

Once signed please email a scanned copy to office@lamservices.co.uk

Should you wish to confirm receipt, please telephone 07789 553412