

TIMESHEET

Week Ending _____ Company name _____

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Please fax this timesheet to **08452 808 822** and ensure that your timesheets are submitted on a weekly basis in order to process payment at the end of the month.

- Before sending your timesheet please enter all your time worked.
- Any omissions or errors may delay payment.
- Please ensure your line manager completes the signature and details below.
- Please ensure the week ending date is correct.

Forename _____ Surname _____

Job title _____ Ltd Company name _____

SUMMARY OF DAYS / HOURS WORKED

(Leave days blank where you haven't worked and enter below any days that you have been absent / sick. If you are intending to take holidays please call your consultant to inform them as soon as you know as you are intending to do so)

Days	Days Worked	Standard Hours	Overtime Hours	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Number				

Contractor Declaration

I confirm that the table above is a true record of the days / hours worked and performed in accordance with the terms and conditions of business

Signed: _____ **Date:** _____

Client Declaration

I confirm that the table above is a true record of the days / hours worked and that payment will be made in respect of these hours according to your terms of business

Signed: _____ **Date:** _____

Name: _____ **Position:** _____