

TIMESHEET



Please fill out **ALL** of the below and fax this timesheet to our Payroll Department on **020 7324 0567** and retain your confirmation until you have been paid.

Timesheets received after the **Monday 5pm** deadline will not be processed until the following week.

First Name:

Surname:

Client Name:

Your contact number:

Ltd company name:

Week Ending Date (Friday):

To request a PDF version of the timesheet please visit our website or send an email to requesttimesheet@goodmanmasson.com

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.

Please do not post any duplicate copies

Is this your last timesheet for this assignment? (tick)

Summary of hours worked (to be completed by Candidate)					Daily Rate workers only
Day	Time Started	Time Finished	Time taken for lunch	Total Hours	Days Worked
Mon					
Tues					
Wed					
Thur					
Fri					
Sat					
Sun					
Total Hours in words:				And Figures:	

Total hours worked		
Basic Time	Overtime	Double Time

I confirm that the above temporary worker has satisfactorily worked the hours stated and agree that payment will be made at the rates stated in respect of the according to your terms and conditions of business which I have received and accept as the basis of this transaction.

Signature: _____

Position: _____

Print Name: _____

Date: _____

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