



CONSULTANCY TIME SHEET

Week Commencing /

1. CLIENT DETAILS

| | |
|----------------|----------------------|
| Client Name | <input type="text"/> |
| Client Address | <input type="text"/> |
| Telephone No | <input type="text"/> |
| Fax No | <input type="text"/> |

2. CONSULTANCY DETAILS

| | |
|--------------------------------|----------------------|
| Name | <input type="text"/> |
| Staff Name | <input type="text"/> |
| Staff Position | <input type="text"/> |
| Client Representative Name | <input type="text"/> |
| Client Representative Position | <input type="text"/> |

3. HOURS

| Day | Standard Hours | Premium Hours 1 | Premium Hours 2 | Total Hours | Shift |
|----------------------|----------------|-----------------|-----------------|-------------|-------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| Misc (£) | | | | | |
| Weekly Totals | | | | | |

Consultancy Staff Signature

Date

Client Representative Signature

Date

I certify that the hours shown above have been satisfactorily completed and accept that this will form the basis for an invoice which will be paid on receipt. I also confirm that we have received a copy of your terms of business.

PLEASE FAX TO 0161 884 0569 BY MONDAY 10.00am