



AGENCY LIMITED

NAME:.....WEEK COMMENCING: .....

TEMPS: **THIS FORM MUST BE COMPLETED IN FULL BEFORE PAYMENT IS MADE AND MUST ARRIVE NO LATER THAN MONDAY MORNING.**

**EVERY CLIENT MUST HAVE A COPY OF THIS TIMESHEET**

SUMMARY OF HOURS WORKED

DATE	COMPANY NAME	TIME START	LUNCH-TIME	TIME FINISHED	TOTAL WORKED	AUTHORISED SIGNATORY
MON						
TUES						
WED						
THURS						
FRI						

TOTAL .....

I certify that the above number of hours have been satisfactorily worked and payment will be made in respect of these hours in accordance with the terms and conditions of the business and I accept the basic of this transaction. All variations, amendments or modifications or modifications to Blues Agency Ltd terms and conditions shall have no effect unless agreed in writing and signed by Blues Agency Ltd.

Please tick in free days for the next 2 weeks

DATE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1					
WEEK 2					