



# TIMESHEET

TIME SHEET NUMBER
FOR OFFICE USE ONLY

Contractor Name ----- Period from ----- to -----

Ltd Company Name ----- Address -----

----- Post Code -----

Client Name ----- Department ----- Client Ref -----

Reporting to ----- Supervisor ----- Address -----

----- Post Code -----

HOURLY CONTRACT			
Day	Regular Hours (to 15 mins)	Overtime Hours (to 15 mins)	Total
Mon			
Tues			
Wed			
Thurs			
Fri			
Sat			
Sun			
TOTAL HOURS			

NOTES

1. All overtime to be authorised by signatory
2. Payment will not be made without authorised timesheets
3. Timesheets must be submitted with invoice
4. IT Works Recruitment Inc would be grateful if timesheets and invoices were to reach our offices as soon as possible to enable prompt payment.

DAILY CONTRACT	
Days Worked	
TOTAL DAYS	

Signed on behalf of Client ----- Date -----

Name and Position (*please print*) -----

Signed on behalf of Contractor's Ltd Co. ----- Date -----

Name and Position (*please print*) -----

This timesheet should be faxed, posted or emailed to IT Works Recruitment Inc to arrive by the Tuesday, mid-day, following the end of the working week preceding.

**IT Works Recruitment Inc. Ad Astra House, Perimeter Place Business Park,  
4016 Flowers Road, Suite #440, Atlanta, GA 30360**

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