





Please return Timesheet before 1pm Tuesday to ensure payment is on time.

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RE (
Construction

Company Name:	Order No:	Our Ref:	Week Ending:	
Site Address:				

NAME	TRADE	SAT	SUN	MON	TUES	WED	THU	FRI	TOTAL HOURS	SHIFT TYPE

Notice to Customer: 1. By signing this timesheet you accept the terms and conditions of business, and agree that a faxed copy of this document to be legally binding as proof of total hours worked satisfactorily and you will accept accounts for the hours worked at the agreed charge rate. 2. You acknowledge that should you employ or contract any temporary worker introduced by XTP Recruitment, a fee calculated on our normal scale of charges for the introduction of permanent staff will become payable to XTP Recruitment. For more information please visit www.xtprecruitment.co.uk

AUTHORISED COMPANY REPRESENTATIVE					
Signature:	Pos	tion:			
Full name:	Date	×			