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Client:	Order No.
Project:	W/E: Date:

NAME	OCCUPATION		SAT	SUN	MON	TUES	WED	THUR	FRI	TOTAL HOURS
		START								
		LUNCH								
		START								
		FINISH								
		TOTALS								

NAME	OCCUPATION		SAT	SUN	MON	TUES	WED	THUR	FRI	TOTAL HOURS
		START								
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NAME	OCCUPATION		SAT	SUN	MON	TUES	WED	THUR	FRI	TOTAL HOURS
		START								
		LUNCH								
		START								
		FINISH								
		TOTALS								

THE GRAND TOTAL OF HOURS MUST BE COMPLETED PRIOR TO SIGNATURE BY CLIENT → → →

PLEASE NOTE:
 All time sheets are to be returned no later than Tuesday A.M.
 A time sheet signed by an authorised representative of the Client, will be deemed as confirmation of the final hours for invoice/pay purpose & as such, no deduction from invoices will be accepted. Do not include lunch breaks or travelling time.

The above work is of satisfactory quality, the hours are correct. I agree with the terms of business as stated overleaf.

Signature of Client's Official: _____ Date: _____

Please print name: _____ Date: _____

PLEASE TAKE A COPY FOR YOUR OWN RECORDS