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Time Sheet

| Grade: |
|-------------|
| Client: |
| Department: |
| Supervisor: |
| |

| | Date | Start Time | End Time | Breaks | Hours Claimed |
|-----------|------|------------|----------|--------|---------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

| Petrol Travel Claim | | | | | | | | |
|---|----|-----------|----------|---------|--|--|--|--|
| | | | | | | | | |
| Any claims for petrol or travel allowances must be entered in the box below and the authorising signatory | | | | | | | | |
| | | | | | | | | |
| must sign this box as well as the space below. Any petrol/travel claims, which are not signed and confirmed | | | | | | | | |
| | | | | | | | | |
| in this manner, will not be paid or invoice. | | | | | | | | |
| | OD | | | TOTAL | | | | |
| PETROL CLAIM £ | OR | MILES @ £ | PER MILE | TOTAL £ | | | | |
| TOTAL AMOUNT OF THE PETROL/TRAVEL CLAIM £ | | | | | | | | |
| | | | | | | | | |
| I AUTHORISE THE PAYMENT OF THE ABOVE AMOUNT – SIGNED | | | | | | | | |
| | | | | | | | | |

| AS AUTHORISING SIGNATURE, I CONFIRM THAT THE ABOVE HOURS ARE THE TOTAL HOURS TO BE INVOICED | | | | | |
|---|------------|------|--|--|--|
| CLIENT SIGNATURE | PRINT NAME | DATE | | | |
| LOCUM SIGNATURE | PRINT NAME | DATE | | | |

OUR STANDARD TERMS AND CONDITIONS APPLY TO THIS BOOKING. ANY LOCUM TAKEN IN FULL TIME/LOCUM OR BANK CAPACITY WILL BE SUBJECTED TO OUR STANDARD INTRODUCTORY FEE.

The above named member of Harriet Ellis Training & Recruitment Group worked the hours shown above and we agree to pay your account and abide with your Terms of Business shown overleaf.