

Scott-Grant Limited
Manchester One
53 Portland Street
Manchester M1 3LD
Tel +44 (0)161 234 2121
Fax +44 (0)161 234 2125

For (Personnel name)

Week ending Friday

Client company name

Site location

1. Please obtain the Client's signature to authorise. 2. Email the time sheet to - accounts@scott-grant.co.uk

Time

(To be completed in accordance with the Scott-Grant General Terms and Conditions for the Engagement of (contract) Personnel)

	am		pm		Hours or days worked	
	from	to	from	to	Time at normal rate	Additional time qualifying for shift premium
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total hours and minutes or total days					<input type="text"/>	<input type="text"/>

Re-chargeable expenses

(only claimable by Personnel if specified in your Contract)

	Number of Miles x	Mileage Rate =	Mileage Cost	Other Expenses	Details
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total amount of expenses = Mileage Cost + Other Expenses					<input type="text"/>

Clients please note that re-chargeable expenses may be subject to a 5% surcharge. See our Confirmation of Order.

Authorised by (client signature)

Name

My signature here confirms that satisfactory work has been completed and that the time and additional re-chargeable expenses stated are correct. I understand that all hours are chargeable and that the Personnel assigned is subject to the Scott-Grant General Terms and Conditions for the supply of (contract) Personnel, a copy of which I have received.