

TIMESHEET

Email to Accounts@pcr.agency - MMS to 07913 963 598 Fax to 0208 082 5444 If you have any questions please call 01733 706 126 and ask for your relevant consultant

TRADESMAN NAME		COMPAN	NY NAME		SITE ADDRESS	WEEK ENDING
	START	FINISH	HOURS	OVERTIME	TOTAL HOURS TO BE PAID PER DAY	AUTHORISED COMPANY REPRESENTATIVE
MON						FULL NAME
TUES						FULL NAME
WEDS						POSITION
THURS						
FRI						DATE
SAT						CICNATURE
SUN						SIGNATURE
TOTAL HOURS TO BE						

By signing this timesheet you accept our terms of business and agree that a fixed copy of this document is legally binding as proof of total hours worked satisfactorily and that you accept the hours worked at the agreed charge rate. By signing this timesheet you agree the hours to be accurate and that all relevant breaks have been deducted.

PAID FOR WEEK

PLEASE NOTE DEADLINE FOR TIMESHEETS IS 2PM ON A TUESDAY TO BE PAID FOR THE NEXT FRIDAY. WE CANNOT ASSURE THAT PAYMENT WILL BE MADE ON THE NEXT FRIDAY FOR TIMESHEETS RECIEVED AFTER 2PM ON A TUESDAY. PLEASE NOTE WE CANNOT PAY HOURS WITHOUT A SIGNATURE FROM AN AUTHORISED COMPANY REPRESENTITIVE.