

**Timesheet:**

All boxes in this area must be completed or this timesheet to be valid. Please ensure timesheets are sent on a weekly basis. To ensure prompt payment, timesheets must be submitted by **10pm Friday**.

Full Name					
Job Title					
Organisation					
Department					
<b>Day</b>	<b>Date</b>	<b>Start Time</b>	<b>Finish Time</b>	<b>Length of Meal Break</b>	<b>Hours Worked</b>
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
				<b>TOTAL</b>	

**Candidate declaration:**

I hereby confirm that the above is a true and accurate record of work undertaken

Signature \_\_\_\_\_ Name \_\_\_\_\_

**Client Confirmation**

I confirm that the above hours are correct and the temporary worker undertook his/her duties in a competent manner. I confirm acceptance of LAM Services' terms of business and I understand that my signature to these hours will constitute the raising of an irreversible invoice or payment within 28 days in accordance with LAM Service's Terms and conditions.

Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

Once signed please email a scanned copy to [office@lamservices.co.uk](mailto:office@lamservices.co.uk)

Should you wish to confirm receipt, please telephone 07789 553412