



Candidates Name	
Limited Company (If Applicable)	
Client Name	
Week Ending Date	

	Start	Lunch	Finish	Days/ Hours worked
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Total hours worked	
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Clients Confirmation: I confirm that the total hours shown here shall be invoiced to my company at the agreed rate.

MANAGER TO RETAIN SIGNED COPY

Candidates Confirmation: I confirm that this is an accurate record of time I have worked.

Candidates Signature

Clients Signature.....Position.....

Print Name(Client).....

Please send this back to timesheets@redsofalondon.com or fax it to 020 3006 8882