

# TIMESHEET



TRI Consulting Ltd  
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**Client Name**

**First Name**

**Surname**

**Pay No.**

**Week-ending**

	Date		Start	Finish	Breaks	Normal Hrs	O/T Hrs 1	O/T Hrs 2	Total Hrs
Mon	Date	Month							
Tue	Date	Month							
Wed	Date	Month							
Thur	Date	Month							
Fri	Date	Month							
Sat	Date	Month							
Sun	Date	Month							

**Manager's Name (Print)**

**Cost Centre**

**Total Nrml**

**Total O/T 1**

**Total O/T 2**

**Total Hrs**

**Manager's Signature**

**Contractor's Signature**

Please tick if final timesheet

I certify that the total hours above have been satisfactorily worked and that payment will be made in respect of these according to the terms and conditions of business which I have received and accept as the basis of this transaction.

O/T Hrs 1 & O/T Hrs 2 should be completed if overtime is applicable to your area  
O/T Hrs 1 relates to overtime from Monday to Friday  
O/T Hrs 2 relates to overtime for Week-ends and Bank Holidays

1. Client to retain Green copy  
2. Candidate to retain Pink copy  
3. Please return White copy to TRI Consulting Ltd