



RETURN TO FAX : 0141 778 3272
EMAIL ADDRESS: stephen@graftersscotland.com

F.A.O.	COMPANY:
SITE ADDRESS:	

NAME				WEEK ENDING DATE:
JOB TITLE				SUNDAY DATE:
DAY	REGULAR HOURS	OVERTIME HOURS	TRAVEL TIME	FAX NUMBER:
MONDAY				COMMENTS
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
TOTAL HOURS				ORDER NO

DO NOT INCLUDE LUNCH BREAKS

Supervisors signature certifying regular hours	Please Print Name	Date Signed	<p align="center">NOTE</p> <p>A timesheet signed by an authorised representative of the Client will be deemed as confirmation of the final hours for invoice/pay purposes and as such no deductions from invoices will be accepted. . A signature also agrees your acceptance of our terms and conditions.</p>
Supervisors signature certifying overtime hours	Please Print Name	Date Signed	

FOR OFFICE USE ONLY

EMP CODE	HOURS	PAY	HOL PAY	CHARGE	HOURS	PAY	CHARGE	ORDER NUMBER