



Name: _

Spencer Marshall Ltd
 2 London Wall Buildings
 London
 EC2M 5UU

Client Name:

Wk Ending Sunday:

- Please complete your full name, client name and the week ending date.
- On a daily basis, enter the start and finish time followed by the total hours to the nearest 15 minutes.
- Deduct all breaks including lunch breaks.

DAY	START	FINISH	HOURS WORKED	OVERTIME HOURS
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
TOTAL HOURS				

Please sign and date your timesheet and ensure your supervisor signs your timesheet. The white copy is for the client. Please fax (0207 448 5120) a copy to Spencer Marshall Ltd by Monday 10.00am to ensure payment and retain the blue copy for you reference. Please note it is your responsibility to ensure that Spencer Marshall Ltd receives your timesheet.

TO BE COMPLETED BY THE CLIENT	
Contact name:	Position:
Client signature:	Date:
TO BE COMPLETED BY THE CANDIDATE	
I declare that the contents of this timesheet are true. In the event of a dispute regarding claimed hours/days, I will be liable to repay any overstated amount unless the timesheet has been duly authorised by the client.	
Name:
Signature:	Date: