

COMPLETE THIS DOCUMENT IN FULL - INCLUDING THE CLIENT PURCHASE ORDER NUMBER

WHITE COPY: to C&P Recruitment by fax or post **YELLOW COPY:** to temporary worker **BLUE COPY:** to the client.

To be filled in by **Temporary Worker** for week ending Friday: Date: _____ Month: _____ Year: _____

Name: _____ Job Title: _____

Date of Birth: _____ N.I. Number: _____

Home Address: _____ Post Code: _____

Contact Telephone No: _____ I agree that information on this form can be passed to the client.

HOURS WORKED - Net of lunch hours and travelling time

PART HOURS - please state as a decimal e.g. 1/2 hour = 0.5

EXPENSES - require client authorised expense form to be attached

Signature: _____

DAYS	BASIC HOURS	OVERTIME DAYS	OVERTIME NIGHTS	TRAVEL/EXPENSES
SATURDAY				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
TOTAL HOURS FOR INVOICING				

To be filled in by Client for week ending Friday: Date: _____ Month: _____ Year: _____

Name of Company: _____ Site: _____ Client Cost Code: _____

Invoice Address _____ Tel No: _____

I confirm that the hours signed for above are an accurate reflection for the hours completed by the temporary worker and I understand that these will be used to produce an invoice. The hours above are NET of breaks. I am an authorised signatory and confirm acceptance of C&P Recruitment's terms and conditions.

Purchase order number: _____ Total hours in words: _____

Print Name: _____ Position in Company: _____

Signature: _____