



FAX BACK TO 020 8880 3443

Butler's Consultancy Ltd.

TIMESHEET **WEEK ENDING** _____

CLIENT DETAILS _____

COMPANY NAME / ADDRESS _____

NAME OF TEMP _____

| | START | BREAK | FINISH | TOTAL |
|---------------------|-------|-------|--------|-------|
| SATURDAY | | | | |
| SUNDAY | | | | |
| MONDAY | | | | |
| TUESDAY | | | | |
| WEDNESDAY | | | | |
| THURSDAY | | | | |
| FRIDAY | | | | |
| WEEKLY TOTAL | | | | |

We certify that the totals hours worked are correct and we will accept your accounts for the chargeable hours at the agreed rate. We agree to accept your terms and conditions of business and we acknowledge that should any temporary worker introduced by you accept an offer of employment by us, a non-rebateable fee calculated in accordance with your normal scale of charges for the introduction of permanent staff will become payable.

CLIENT NAME

POSITION

SIGNATURE

DATE