

TGT SOLUTIONS

TRANSPORT & GENERAL TEMP SOLUTIONS

WEEKLY TIMESHEET

Please complete **ALL FIELDS** in black ink and book times to the **nearest quarter-hour**.

Temp Name _____

Week Commencing (Monday) - ___ / ___ / ___.

Company _____ Job Title _____

Hours Worked:

	Start Time	Finish Time	Chargeable Hours
Monday	:	:hrs.....mins
Tuesday	:	:hrs.....mins
Wednesday	:	:hrs.....mins
Thursday	:	:hrs.....mins
Friday	:	:hrs.....mins
Saturday	:	:hrs.....mins
Sunday	:	:hrs.....mins
Total Chargeable Hours for Week:		hrs.....mins

To be completed by an authorised signatory of the Client (In black ink please)

I hereby certify that the hours booked above have been satisfactorily completed by the above named temp and that I authorise TGT Solutions to invoice us, the client, in respect of the hours shown. By signing below I also accept the TGT Solutions terms of business for the introduction and supply of staff.

Signed _____ Print Name _____

Position _____ Date ___ / ___ / ___

Instruction to the Temp

To allow us to process your wages promptly, we must receive your timesheet by 10:00am on the Monday following the week worked. Please fax to **01483 243301** or scan and email to timesheets@tgtsolutions.co.uk. You may also post (first class) or hand deliver your time sheet to **TGT Solutions, 28-30 High Street, Guildford, Surrey. GU1 3EL.**