



**No.1 Winchester Street, Andover, Hampshire SP10 2AE**  
**Tel: 01264 363714 Fax: 01264 362209**  
**Email: andover@active-staff.co.uk**

OFFICE USE ONLY		PAY		INVOICE
Total Hours				
Overtime				
Normal Working Hours:				
Order No:				
COMPANY ADDRESS:				
PHONE No:				
REPORT TO:				

# TIME SHEET

WEEK ENDING	RETURN BY MONDAY
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EMPLOYEE:

JOB TITLE:

PLEASE COMPLETE IN BIRO - USE NEAREST QUARTER HOUR

DATE WORKED	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HOURS	OVERTIME HOURS
Mon. / /					
Tues. / /					
Wed. / /					
Thur. / /					
Fri. / /					
Sat. / /					
Sun. / /					
<b>TOTAL HOURS WORKED</b>					

Client's Signature: .....

Position: .....

Date: .....

It is hereby certified that the hours stated hereon are correct.  
 I have read and accept your terms of business overleaf,  
**AND ACKNOWLEDGE YOUR TERMS ARE NET CASH 10 DAYS.**  
 There is a minimum charge of 4 hours per assignment.