Timesheets must be returned by 09:00hrs on Monday each week.

**Tel: 07735348038 & 07929042965 Email: timesheet@citysupports.co.uk**

**Client Name Staff Name:**

**Staff Signature: Week ending (Sunday)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Start** | **Break** | **Finish** | **Total Hrs Day** | **Total Hrs Night** | **Sleep-In** | **Authorised**  **Signature** |
| **Monday** |  |  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |  |  |
|  |  |  |

**Client Declaration**

**I certify that the above total hours are correct record of hours worked by the above temporary worker.**

**I agree to an invoice being raised in accordance with the Terms of Business of City Support Limited**

**(which I am in receipt of) and based on the number of hours contained on this timesheet. No adjustments to hours can be made after receipt of this timesheet.**

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SUPPORT

Promoting Independence & Wellbeing

+**44**

**77353**

**48038**

+**44**

**79290** **42965**

**info@citysupports.co.uk**

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