



Cavendish Professionals, No. 1 Royal Exchange, London EC3V 3DG  
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 A Member of the Recruitment and Employment Confederation

PLEASE PHOTOGRAPH AND/OR SCAN ALL TIMESHEETS VIA EMAIL TO  
[ACCOUNTS@CAVENDISHPROFESSIONALS.COM](mailto:ACCOUNTS@CAVENDISHPROFESSIONALS.COM) AFTER YOUR SHIFT OR FAX TO  
 0203 008 5211 – DEADLINE CLOSE OF BUSINESS FRIDAY

|                |                       |
|----------------|-----------------------|
| Name:          | Client Name:          |
| Location Name: | Profession/Speciality |

**ENTER HOURS WORKED**

|                               | DATE | START TIME | BREAK | FINISH TIME        | TOTAL |
|-------------------------------|------|------------|-------|--------------------|-------|
| MONDAY                        |      |            |       |                    |       |
| TUESDAY                       |      |            |       |                    |       |
| WEDNESDAY                     |      |            |       |                    |       |
| THURSDAY                      |      |            |       |                    |       |
| FRIDAY                        |      |            |       |                    |       |
| SATURDAY                      |      |            |       |                    |       |
| SUNDAY                        |      |            |       |                    |       |
| TOTAL HOURS WORKED (in words) |      |            |       | WEEKLY TOTAL HOURS |       |

Cavendish Professionals standard terms and conditions apply to this booking. Standard introductory fee will be charged if the technical professional is taken on full time by the client or allowed to change agencies. See Terms and Conditions for full details.

Please complete your timesheet and have it authorised at the end of your final shift. Please ensure that all timesheets are with us at our head office NO LATER THAN close of business Friday to ensure we can pay you on time. You must submit all timesheets at the end of each calendar week.

**AUTHORISING SIGNATORY**

*As authorising signatory, I confirm that the hours and totals given above are correct, please forward an invoice.*

|   |                                |
|---|--------------------------------|
| Authorising Signatory Name                        | Authorising Signature and Date |
| Job title/Position                                |                                |
| Cavendish Professional Contractor Signed and Date |                                |