

Please photograph and/or scan all timesheets to <a href="mailto:contracts@cavendishprofessionals.com">contracts@cavendishprofessionals.com</a> at the end of each week – Deadline COB Friday.

Name:			Profession:			
Client Name:			Location:			
HOURS WORI	KED					
	Date	Start Time	Break	Finish Time	Total	
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
TOTAL HOUF	RS WORKED	(IN WORDS)	_	WEEKLY TOTAL HOURS		
ensure that all	timesheets are e we can pay	e with us at our l	nead office NO	e end of your fin LATER THAN cl all timesheets at	ose of business	
Contractor Signature:			Date:	Date:		
AUTHORISING As authorising forward an invo	signatory, I co		ours and totals (	give above are c	orrect, please	
Authorising Signatory Name:			Authorising Signature:			
Job Title :			Date:	Date:		

<sup>\*</sup> 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.