

**Company Name:**

**Line Manager/HR Contact Name:**

**Contractor Name:**

**Month Worked:**

Timesheets must be submitted by 10.30am on the Monday following the last Friday of the month. Timesheets received after this deadline will **NOT** be paid until the following month. Incorrectly calculated timesheets will be returned and may cause delay in payment.

WEEK START DATE	NUMBER OF DAYS	OVERTIME HOURS	EXPENSES
	<b>TOTAL DAYS</b>	<b>TOTAL OVERTIME HOURS</b>	<b>TOTAL EXPENSES</b>
<b>TOTALS</b>			

**I, THE CLIENT AGREE THE HOURS WORKED TO BE ACCURATE AND ACCEPT THE CONDITIONS LISTED BELOW.**

**Client Signature:**

**Client Name:**

**Position:**

The person named on this timesheet is under contract to IDW & Associates Ltd t/a Prime Personnel and therefore is unable to accept any temporary or permanent employment within your company (or subsidiaries) other than by arrangement with Prime and on payment of a permanent placement fee. The agency shall not be responsible for loss, damage, expense or inconvenience resulting from or caused by any wilful default, dishonesty, disclosure of confidential information, breach of faith or any negligent or other act or omission by the employee while engaged on the client's business or while in the client's premises or arising out of or in any way connected with the services to which the contract relates, and the client will indemnify the Agency in respect of any liability to which the agency might therefore be exposed