

No:

Instructions to Worker:

Fax to **0333 12345 31** or email to **payroll@entrustsc.co.uk** the completed and authorised timesheet, along with any expense claim forms. **To ensure prompt payment, all timesheets must be received by close of business on Friday.** Give a photocopy of the timesheet to your line manager and retain the original for your records. (Please do not destroy for 6 months)

Your Full Name VAT Number

Company Name Ltd/Umbrella

Your address Client name

..... Client address

Postcode

Your signature Postcode

Job Title TOIL B/F from previous week

Day	Date Format dd/mm/yy	Time From 24 hour	Time To 24 hour	Break Time (mins)	Hours Worked	Notes	TOIL Hours
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Total hours worked to the nearest 15 mins

Total TOIL accrued (+) or TOIL used (-)

To be completed by the client

I certify that I am authorised to sign this timesheet and agree to an invoice being raised by Entrust for hours
Additional hours worked may be accrued and used as time in lieu. (hours worked + TOIL hours taken)

TOIL C/F to next week

Expenses Summary (details shown on separate sheet)

Travel £ Parking £ Other £ Total £

Authorised signature Position

Name (print) Date

By signing this timesheet you are agreeing to Entrust Social Care Ltd's Standard Terms and Conditions