CONTRACTOR NAME:	CLIENT NAME:
LTD COMPANY NAME:	YOUR CONSULTANT:

MONTH ENDING:	DEPT:	P.O.NUMBER:

Synergis

SEARCH AND SELECTION

MONTHLY TIMESHEET

Synergis, 7th Floor, 106 Leadenhall Street, London EC3A 4AA Tel: +44 (0)207 621 9757 Fax: +44 (0)207 9621 9752

DATE	TIME STARTED	TIME FINISHED	BREAKS	TOT.HRS/DAYS	@ STD RATE	@ OT RATE 1	@ OT RATE 2	@ OT RATE 3
TOTALS								

To be completed to nearest half-hour.
All areas must be completed.

Delete as appropriate i.e. if on daily rate complete days worked etc. Month end periods must be in-line with Synergis payment schedule otherwise payment will be delayed by at least one payroll cycle.

CLIENT DECLARATION: I certify that the total number of Hours/Days have been satisfactorily worked and that payment will be made in respect to those according to your terms and conditions of business which I have received and accept as the basis of this transaction.

NAME:	SIGNED:
POSITION:	DATE:

CONTRACTOR DECLARATION: I confirm that the above is a true record of the hours/days I have worked

NAME:
SIGNED: