

CHAMBERLAIN BEAUMONT / INTERIM ALLIANCE TIME SHEET

This timesheet must be returned to Chamberlain Beaumont/Interim Alliance by 9:30am on the Monday following your assignment

Client Company Name:
Client Contact's Name:
Client's Invoice Address:
Client Contact's Address:
**Name of Temporary
Worker/Interim:**
Week Starting date:
**Temporary workers/Interim's
Signature**
Date:

	Date	Total days/hours* Worked excl. breaks	Description of additional payments If applicable	Comments
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
		Total days/hours worked		

We certify that the total days/hours and additional payments are correct and we will accept your accounts for the chargeable days/hours and additional payments if applicable at the agreed rates. We confirm that we have received and understood your standard Terms and Conditions of Business. NB If any Chamberlain Beaumont Temporary Worker/Interim work directly or be employed by you our normal fees will apply.

PO Number:
If applicable

Client's Signature:
Cost Centre:
If applicable

Date Signed:
For office use only at Chamberlain Beaumont/Interim Alliance

Time Rate	Days	Hours	Pay	Charge	Comments

Date processed:
Initials of processor: