

Client Name:		
Site Address:		
Week Ending:/	_/	

4a Broadway Stratford London E15 4QS

Tel: 0208 503 1020 Fax: 0208 503 1072

Email: info@allied.uk.com Web: www.allied.uk.com

Name	Trade	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hours	Minus Breaks	Total Hours
TOTAL											

## Notes to client:

We confirm that the work has been preformed to our satisfaction.

We certify that the total hours worked are correct and we will accept your accounts for the hours agreed.

We agree to accept your terms and conditions of business.

Once authorised this time sheet is our authority to invoice and your undertaking to pay.

Authorised Client Signature:
Print Name:
Date: