



Important Note for Operative:

Your timesheet **MUST BE** received by the office **NO LATER THAN 10AM** on Tuesday after the week ending Please ensure that this timesheet is completed accurately and signed by the client; **failure to do so is likely to delay your payment.**

If sending by post please keep the Pink copy for yourself and send the remaining copies to Quint:
Timesheet allocation: White – Quint Solution | Yellow – Client | Pink – Candidate

Client Name: _____ Site Address: _____ _____ Postcode: _____	Week Ending (Sunday) _____ / _____ / 20____ Order /Job Number _____	0207 11 88 99 2 0207 11 88 99 3 timesheet@quintsolution.co.uk www.quintsolution.co.uk
<small>* A different timesheet must be used for each separate Job Number / Site Address</small>		

No	Name	Trade	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total	Nights (N) Days (D)
1											
2											
3											
4											
5											
6											
7											
It is hereby certified that the hours shown are correct and exclude all unpaid breaks.										TOTAL HOURS	

Authorised Company Representative:			
Full Name: _____	Position _____	Signature: _____	Date: _____
<small>Authorisation of this timesheet constitutes confirmation that the total hours shown above are correct and payable to the Candidate and chargeable to the Client and that all the work carried out by the operative has been checked and is to a satisfactory standard. Signatory also acknowledges and agrees to Quint Solutions Terms and Conditions of Business (available on overleaf).</small>			