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## TIME SHEET

Consultant's Name ..... Week Ending .....

Service Provider .....

Times to be recorded in Hours or Days - (1/4 hour minimum)  
 Please indicate which units apply (ie. day/ hour)

	Arrival	Departure	Less Breaks	Net Standard units	Net Additional units	<b>GROSS TOTAL UNITS</b>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Consultant's Signature: .....				TOTAL	TOTAL	TOTAL

**Client Declaration:**

The above times stated are an accurate record of hours/days worked by the Service Provider whose performance over these hours/days has been satisfactory and you are here-by authorised to invoice our organisation at the agreed rate, to receive payment in line with all clauses and parts of the prevailing agency terms and conditions of business.

Signature ..... Print Name .....

Company .....

Position ..... Date .....

Telephone ..... Extension .....