

1. To be completed by the Temporary Worker in full to the nearest 15 minutes only and returned to Careplan / Fastrak weekly

This timesheet is for the week commencing Monday _____

Assignment Number _____

Your Name _____ Work Telephone Number _____

Job Title _____ Your Signature _____

Day	Hours before lunch		Hours after lunch		Total hours	Work Description	Travel time	Report writing	Description of mileage/expenses	Business mileage	Other mileage	Expenses
	From	To	From	To								
Mon	___/___/___											
Tue	___/___/___											
Wed	___/___/___											
Thu	___/___/___											
Fri	___/___/___											
Sat	___/___/___											
Sun	___/___/___											
Total						Totals			Totals			

PLEASE ATTACH ALL RECEIPTS

2. To be completed by the Authorised Signatory – after completion, please retain a photocopy for your records

I hereby certify that the details given above are a correct record of the hours, mileage and expenses of this temporary worker. I understand that an invoice will be raised from this timesheet. I also accept the Terms of Business of Careplan Specialist Services Limited / Fastrak Recruiters. I am authorised by the Customer or, where applicable, the Local Authority, to sign this timesheet.

Customer Name / Local Authority _____ Signatory's Name (please print) _____ Signature _____

Invoice No. _____

Department / Team _____ Position _____

Date _____

Official Use Only
Payroll date _____