



Project/Site Name	Client	Order No.

Unique Ref

Week Ending (FRI)

Name	Competence - Skill - Trade	Sat		Sun		Mon		Tue		Wed		Thur		Fri		Total Hours	
		D	N	D	N	D	N	D	N	D	N	D	N				

COMMENTS	PLEASE RATE OUR PERFORMANCE	AUTHORSISATION
ONCE COMPLETE PLEASE RETURN TO: payroll@richfield.co.uk	1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent <div style="border: 1px solid black; width: 50px; height: 40px; margin: 10px auto;"></div>	On Behalf of Richfield Personnel Ltd: On Behalf of client: Print: Date:

We certify that the details of the attendance stated above are correct and that the work of the above named has been satisfactory. We confirm our agreement to Richfield Personnel Ltd's terms and conditions of business and will pay your invoice in accordance with such terms, of which we have received a copy

PLEASE CHECK THIS TIMESHEET CAREFULLY AS YOUR SIGNATURE IS OUR AUTHORITY TO INVOICE FOR TOTAL PAYMENT