

DMD Ref Number: DMD/Temp

DMD RECRUITMENT TIMESHEET

Name:

Note: Your Timesheet must be sent to Payroll@dmdrecruitment.co.uk

N.B. Please retail	n a copy for your	<u>records an</u>	d please ens	sure the Tir	<u>nesheet is Autho</u>	<u>orised,</u>
Hours are Calcul	ated, and correct	dates have	been insert	ed and sen	t across before	***12pm on
	ne failing to do the					
Day:	Date Worked: Date Month Year	Start Time: Hours Mins	Finish Time: Hours Mins	Lunch: Hours Mins	Total Hours Less Break: Hours Min	Sleep ins: (Tick if applicable)
Monday:	//					
Tuesday:	//					
Wednesday:	//					
Thursday:	//					
Friday:	//					
Saturday:	//					
Sunday:	//					
					Weekly Total:	Weekly Total:
Your signature	:					
Client Name:						
Service Name: (Address Worke	d)					

*Your signature here authorises DMD Recruitment to invoice your company for the total number of hours above, and confirms your acceptance of our Terms and Conditions of Business. I/We agree to pay Easypay Services in respect of the hours given on the due date of the invoice.

Timesheet checklist

Date:

- Ensure the timesheet fields are completed correctly to prevent errors and payment delays.
- Give the original copy of the signed timesheet to the client
- Ensure your timesheet/invoice has the correct reference number and week ending date (Sunday).
- Your reference number is quoted on your remittance slip alternatively please contact your DMD Consultant.
- Ensure the client has completed their details in full.

Authorised client signature:

Please print name of signature:

- Please do not send additional timesheets in the post
- Please contact your DMD Consultant should you have any queries relating to your timesheet.

All invoices for services will be provided by Easypay Services Ltd and DMD Recruitment Limited hereby assigns all debt to Easypay Services Ltd