

SCHEDULE OF WORK



WHITE COPY CLIENT YELLOW COPY CONTRACTOR BLUE COPY OFFICE

Week Ending _____

Name of Contractor _____

Name of Client _____

Address of Client _____

Contact Name and Title _____

(Please advise if invoicing details vary from above)

HOURLY CONTRACTS **DAILY CONTRACTS**

DATE	START TIME	FINISH TIME	LUNCH (HOURS)	OVERTIME (HOURS)	TOTAL CHARGEABLE (HOURS)	DAYS WORKED
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						
TOTAL FOR WEEK						

I confirm that the contractor has worked the hours stated and agree to pay your account within 7 days of presentation in accordance with the terms of business outlined overleaf.

Authorised Client Signature _____ Print Name _____

Title _____

I hereby certify that the above records of hours I have worked and that I accept the conditions of temporary employment which I have received for the week ending stated above.

Signature of Contractor _____ Print Name _____

Date _____