



TIMESHEET

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

Name:	Boreb Ref Number: <i>Temp: BHCT/23</i>
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N.B. Please retain a copy for your records and please ensure the Timesheet is Authorised, Hours are Calculated, and correct dates have been inserted and sent across before ***12pm on Monday*** Anyone failing to do the above will not be paid until the following week!

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 Worked)	
Authorised client signature:	
Please print name of signature:	
Date:	

*Your signature here authorises Boreb Healthcare 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 Boreb Healthcare in respect of the hours given on the due date of the invoice.

- Timesheet checklist
- 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 Boreb Consultant.
 - Ensure the client has completed their details in full.
 - Please do not send additional timesheets in the post
 - Please contact your Boreb Consultant should you have any queries relating to your timesheet.

All invoices for services will be provided by Boreb Healthcare Ltd only for the payments of all services rendered.