

Cost Centre

Client Name			
Client Address			
Report to		Position	
Department		PO No	
W/E Date		Client Code	
Temp Worker Name			
Payroll Number			
Job Title			

## Summary of Hours Worked

Day	Time Started	Lunch	Time Finished	Total Basic Hours	1st OT	2nd OT	3rd OT
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Hours							

I confirm that all hours have been worked satisfactorily and that payment will be made in respect of these according to your Terms & Conditions of Business which I have received and accept on the basis of this transaction.

Authorised Clients Signature		Date	
Print Name		Position	