

Client Name			
Client Address			
Client Contact		Position	
Department		Purchase Order No	

Contractor Name	Daily Basic Hours (less unpaid breaks)							Basic Total Hours	1st OT Hours	2nd OT Hours	3rd OT Hours
	Mon	Tue	Wed	Thu	Fri	Sat	Sun				
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 received and accept on the basis of this transaction.

Authorised Client's Signature		Date	
Print Name		Position	