

PLEASE COMPLETE AND RETURN BY 10AM MONDAY

Freelancer: _____ Client: _____
Role: _____ Contact at Client: _____
Client Phone #: _____ PO#: _____

Week Ending: _____ Please use **24** hour clock in **15 minute** segments.

	DATE	START	BREAK	FINISH	STD	OT1.5	OT2.0
MON							
TUE							
WED							
THU							
FRI							
SAT							
SUN							
				TOTAL			

Authorised Client Signature

I confirm that the hours recorded are correct and authorise payment in accordance with agreed Terms and Conditions.

Take a copy for your records and return to Magnetic RC.

Print Name:

Position:

Date:

Complete, scan and email to clare@magneticrc.co.uk
or post to the address below

Magnetic RC, 8 Archway Mews, Putney Bridge Rd, London SW15 2PE

Questions? Call 020 8874 7454