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ON AUTHORISATION

PLEASE RETURN BY FAX

DAY RATE WEEKLY TIME RECORD

Day	Date	STANDARD DAYS WORKED	CHARGEABLE NON STANDARD DAYS WORKED	WORK PERFORMED
MONDAY	26/10/2015	1		Messaging
TUESDAY	27/10/2015	1		Messaging
WEDNESDAY	28/10/2015	1		Messaging
THURSDAY	29/10/2015	1		Messaging
FRIDAY	30/10/2015	1		Messaging
SATURDAY				
SUNDAY				
	AGREED TOTALS	5 DAYS	DAYS	

CONTRACTOR NAME	Alberto Igbinedion	DATE:	01/11/2015		
CLIENT SIGNATURE :		PRINT NAME:	Ceinwen Blake	POSITION:	Line Manager

Signature confirms that the services have been performed to the satisfaction of the Client. The Signatory confirms that he/she is authorised to sign on behalf of the Client