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ON AUTHORISATION
PLEASE RETURN BY FAX

DAY RATE WEEKLY TIME RECORD

Day	Date	STANDARD DAYS WORKED	CHARGEABLE NON STANDARD DAYS WORKEDS	WORK PERFORMED
MONDAY				
TUESDAY	01/09/2015	1		Messaging
WEDNESDAY	02/09/2015	1		Messaging
THURSDAY	03/09/2015	1		Messaging
FRIDAY	04/09/2015	1		Messaging
SATURDAY				
SUNDAY				
	AGREED TOTALS	4 DAYS	DAYS	

CONTRACTOR NAME	Alberto Igbiniedion	DATE:	04/09/2015		
CLIENT SIGNATURE :		PRINT NAME:	Graham Clements	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