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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 | 12/10/2015 | 1 | | Messaging |
| TUESDAY | 13/10/2015 | 1 | | Messaging |
| WEDNESDAY | 14/10/2015 | 1 | | Messaging |
| THURSDAY | 15/10/2015 | 1 | | Messaging |
| FRIDAY | 16/10/2015 | 1 | | Messaging |
| SATURDAY | | | | |
| SUNDAY | | | | |
| AGREED TOTALS | | 5 DAYS | DAYS | |

| | | | | | |
|--------------------|---|-------------|---------------|-----------|--------------|
| CONTRACTOR NAME | Alberto Igbinedion | DATE: | 18/10/2015 | | |
| 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