



TIMESHEET

THIS FORM SHOULD BE COMPLETED WITH THE ACTUAL HOURS WORKED FOR EACH SHIFT ON A PLACEMENT. FILL IN THE FORM AT THE END OF EACH SHIFT WORKED AND ASK AN AUTHORISED PERSON TO SIGN AND PRINT THEIR NAME ON THE FORM TO GIVE AUTHORISATION. A SEPERATE FORM SHOULD BE USED FOR EACH VENUE. THIS FORM SHOULD BE EMAILED TO timesheets@bookachef.com AT THE END OF EACH WEEK. FORMS SHOULD REACH US NO LATER THAN 12PM EACH MONDAY TO ENSURE THAT INVOICES ARE RAISED ON TIME FOR OUR CUSTOMERS.

WEEK COMMENCING _____ VENUE _____

CHEFS FULL NAME _____

	DAY		EVENING				
DAY	START	FINISH	START	FINISH	TOTAL HOURS	SIGNED BY AUTHORISED PERSON	NAME OF AUTHORISED PERSON
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

WEEKLY SIGN OFF

SIGNED BY CHEF WHO HAS WORKED THE ABOVE HOURS _____

SIGNED BY AUTHORSED PERSON _____

NAME OF AUTHORISED PERSON _____

BY SIGNING ABOVE, THE AUTHORISED PERSON IS APPROVING THE HOURS ON THE TIMESHEET FOR PAYMENT