



# TIME SHEET

This must be completed and returned to us by **12.00pm Monday** at the latest, Failure to do this will result in your pay being held till the following week. Please send by **Fax on: 08712303306** or by **Email: [timesheets@romaxsolutions.co.uk](mailto:timesheets@romaxsolutions.co.uk)**

Site .....

Week Commencing .....

Name of worker	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Construction Site	Total Hours

The worker supplied by Romax Solutions has completed the number of hours stated above. We certify that the total hours shown on this timesheet have been satisfactorily worked and that payment will be made in respect of these in accordance with the terms and condition which we have received and accept as the sole basis of this transition.

**Authorised Signature** ..... **Print Name** ..... **Company Name** .....

**Position** ..... **PO/Ref** ..... **Date** .....

