COMMUNITY KINDNESS TO ALL

'A COMMITMENT TO COMMUNITY.'

Staff Name:	**Client Name:**
Designation:	**Address:**
Send the timesheet to this email: info@communitykindnesstoall.co.uk	
Service Type Provided:(*CCG,Private,Reablement,Brokerage,SocialServices, Enhanced Care,)*	

1st WK.	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
DATE								
1st Call Start								
Finish								
2nd Call Start								
Finish								
3rd Call Start								
Finish								
4th Call Start								
Finish								
Total Hr								**Total hr**
Client Signature								

2nd WK

DATE								
1st Call Start								
Finish								
2nd Call Start								
Finish								
3rd Call Start								
Finish								
4th Call Start								
Finish								
Total Hr								**Total hr**
Client Signature								

As authorised signatory I confirm that the above are the total hours to be invoiced

Signed _____ Print Name_____ Date _____

PLEASE SIGN & SUBMIT TIMESHEETS EVERY FOLLOWING MONDAY WORKED BY 12PM. FAILURE TO DO SO WILL RESULT IN DELAYS IN PAYMENTS. THE TIMESHEET MUST BE SIGNED AND AUTHORISED BY CLIENT. PLEASE RETAIN COPY FOR YOUR RECORDS.

PLEASE SEND / FAX TIMESHEETS TO THE OFFICE BY 12PM ON MONDAY.

Authorised by……Office use only.