

TIMESHEET



**Please return ASAP or, at the latest, by 10 am on the Monday following the week worked. Fax to 01268 777735.**

School: _____	Contact: _____
Address: _____	Phone: _____
_____	Teacher: _____
_____	Subject: _____
_____	W/e Fri: _____

	Date	Part-day	Full-day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
<b>Total days =</b>			

**Client Authorisation**  
**I confirm that I have read and accept the Terms and Conditions of business of Beacon Education Ltd. I also certify that the attendance and work stated on this timesheet is true and satisfactory. I therefore approve the Agency's invoice for payment.**

Signature: \_\_\_\_\_

Name IN BLOCKS \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_