BarnHill Care Services

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| Employee N <u>ame:</u> | Job title: |
|---------------------------|--------------------|
| Phone | Employee |
| Number: | Signatu <u>re:</u> |
| Client/ | Client |
| Department: | Address: |

Please email your timesheet by Monday 6pm. If you post, ensure it arrives by 5pm

| Day | Date | Start Time | End Time | Break | Mileage | Total Hrs. |
|---------------|------|------------|----------|-------|---------|------------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Weekly Totals | | | | | | |

Please make sure your time sheet is accurately completed in full and sent to payroll by 5pm on Mondays. Inaccuracies may result in delayed payments. Please ensure that the timesheet is signed and dated by an authorized signatory.

| Client authorization: | |
|--|-----------|
| I am an authorized signatory for my | |
| department/organization. I am signing to confirm | Name: |
| that the hours/shifts I am authorizing are accurate | |
| and I approve for payment. I understand that if I | |
| knowingly provide false information, this may result | Position: |
| in disciplinary action and I may be liable to | |
| prosecution and civil recovery proceedings. I | |
| consent to the disclosure of information from this | Date: |
| form to and by Barnhill Care Services Ltd authorized | |
| body, for verification of this claim and the | |
| investigation, prevention, detection and | Sign: |
| prosecution of fraud. | - 0 |