

Drivers Name: _____ Company Name: _____ Week Ending Date: _____

*Indicate with (X) if a night out allowance applies

DAY / DATE	*Night Out	START TIME	FINISH TIME	HOURS	BREAK	PAID HOURS	PoA Hours	Other hours worked elsewhere	Hours
								If you have driven anywhere else this week (other than pure staff) then please confirm other hours you have worked/driven HERE  NOTE TO DRIVERS: Timesheets MUST be returned before 11am each Monday to ensure payment on a friday	Mon
							Tue		
							Wed		
							Thu		
							Fri		
							Sat		
							Sun		
Expenses: can only be paid if they have been agreed by the client prior to incurring them and must be accompanied with a relevant receipt! Please list authorised expenses below						TOTAL			
									TOTAL

Type / Detail of the expense	Amount claimed £
1	
3	
4	

Type / Detail of the expense	Amount claimed £
5	
6	
7	



Client Declaration: I/We confirm that the hours given are correct. The standard of work was satisfactory and we accept a charge for these hours. I/We agree to pay Pure Staff Ltd in respect of the hours given within the payment terms agreed by both parties. I/We confirm that Pure Staff Ltd terms and conditions that I/We have read and have agreed to are the sole terms of this contract.

Client Print name: _____ Date: _____

Position: _____ Client Signed: _____

Drivers Declaration: I declare that the hours I have worked this week comply with the Working Time Regulations (RTWT) and that I have taken sufficient daily and weekly rest to comply with EU Drivers Hours regulation 561/2006/EEC

Drivers Print name: _____

Drivers Signature: _____

Pure Staff Head Office notes: