

Client/Authorised Signature

head office: 20 Cousin Lane, London EC4R 3TE tel 020 7877 8500 On Call West End 07976 298 650 On Call City 07813 914 114

email: citypayroll@admiralgroup.com

ealing office: 52-53 Saunders House, 3rd Floor, Ealing Broadway W5 3TA tel 020 8810 1853 On Call Events 07387 140 845 On Call Contract / Education 07973 343 450

Print Name

Please keep yellow copy for your records

email: ealing@admiralgroup.com

Admiral																	
			COMPANY NAME: ADDRESS: JOB ROLE:														
									REPORTING TO:			CLIENT ACCOUNT No:					PO. No:
												EMPLOYEES NAME:				EMP. No.	
DAY	DATE	STA	RT	BREAK	FINISH	TOTAL HOURS DAILY	Signed timesheets must be										
MON																	
TUE							submitted to Admiral no										
WED							later than 9am on Monday for payment to be made the										
THU																	
FRI							following Friday.										
SAT																	
SUN																	
					WEEKLY TOTAL												
This is an au	uthorisation for paymer	nt of work satis	sfactorily co	ompleted and acceptan	ce of our terms and condition	ons.											