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FOR OFFICE USE ONLY	
Candidate ID:	
Client ID:	
Contract ID:	
Division:	

Name:		Drivers Signature:	
Client:			

PROMAN DRIVERS TIMESHEET

Previous Week Hours Worked	Day	Date	Start Time	Category Of Work	Finish Time	Breaks	Total Hours	Total Hours (Less Break)	POA	Nights Out	STD Hours	O/T 1	O/T 2	O/T 3
Sun	Sun													
Mon	Mon													
Tue	Tue													
Wed	Wed													
Thur	Thur													
Fri	Fri													
Sat	Sat													
Clients Authorised Signatory					Weekly Total					(Count)				

IF NOT WORKING FOR PROMAN DRIVERS PLEASE RECORD LAST WEEKS WORKING HOURS

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"I confirm that the named temporary worker has worked the hours stated satisfactorily and that your invoice will be paid to the agreed payment terms. We understand that should we engage the temporary worker or introduce them to any third party then a placement fee may be due to PROMAN. Furthermore we understand that payment of invoice cannot be withheld due to non return of tachograph data"

EXPENSES	
FUEL	£
PARKING	£
OTHER	£
TOTAL:	£

"I certify that the journeys covered below and or/by the attached claims were: (1) Authorised & (2) Essential to the satisfactory discharge of official business and to the best of my knowledge undertaken. The period of absence for which subsistence and other allowances are claimed was necessary to the proper performance of official business and I see no objection to this claim"

TIME SHEET MUST BE SIGNED BY AN AUTHORISED SIGNATORY & RETURNED TO US NO LATER THAN MONDAY A.M. FAILURE TO INCLUDE A VALID VAT RECEIPT IN RELATION TO THE AMOUNT LISTED WILL RESULT IN THE EXPENSES BEING SUBJECT TO TAX AND NI.