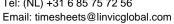
Linvic Global Limited Tel: (UK) +44 789 466 2532 Tel: (NL) +31 6 85 75 72 56





									Linvic (	Global Ltd	
		Client:					We	ek Ending (	Sunday):		
Contractor Name:					]	Limited Company Name:					
	Cha	rgeable at Stand	lard Rate Ple	ease Specify E	] Below				Totals		
	Day Of Week		Al	M	PM		Days		Hours		
			Start	Start Finish Start Finish		ays					
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday										-	
Sunday											
				W	eekly Totals						
Overtime		Overtime at A	a Half Rate (x 1.5)		Authorised Overtime at Double Time Rate (x 2.0)		Call Out/Standy		Totals		
	Days	Hours	Enter AC Days	TUAL Days/Hou Hours		Factored/Calcul		urs Worked Hours	Days	Hours	
Monday	Days	Hours	Days	Hours	Days	Houis	Days	nours	Days	nours	
Tuesday											
Wednesday											
Thursday		+									
Friday											
Saturday											
Sunday		<del>                                     </del>									
Suriday											
		Au	horised Expe	ense Details (	NB receipts m	ust be attached	with any cla	aim)			
Date	Expense Type (e.g. Mileage/Subsistence/Other		Detailed Description				on			Amount (£)	
	1	L							Total		
Authorised	for Payme	nt by (Print M	lanagers N	Name)	]	I Confirm th	nat the Ab	ove Claims	are True a	nd Accurate	
Authorised Signatory					<u> </u>	Contractor Signature					
Date					_	Date					