



Linvic Global Ltd

Client:

Week Ending (Sunday):

Contractor Name:

Limited Company Name:

Chargeable at Standard Rate Please Specify Below					Totals	
Day Of Week	AM		PM		Days	Hours
	Start	Finish	Start	Finish		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Weekly Totals						

Overtime	Authorised Overtime at Standard Rate (x 1.0)		Authorised Overtime at Time & a Half Rate (x 1.5)		Authorised Overtime at Double Time Rate (x 2.0)		Call Out/Standy		Totals	
	Enter ACTUAL Days/Hours Worked (NOT Factored/Calculated Days/Hours Worked)									
	Days	Hours	Days	Hours	Days	Hours	Days	Hours	Days	Hours
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

Authorised Expense Details (NB receipts must be attached with any claim)			
Date	Expense Type (e.g. Mileage/Subsistence/Other)	Detailed Description	Amount (£)
Total			

Authorised for Payment by (Print Managers Name)

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I Confirm that the Above Claims are True and Accurate

Authorised Signatory

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Contractor Signature

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Date

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Date

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