

WEEKLY TIMESHEET

This must be faxed to **0844 560 3715** by **5pm on Monday** in order to ensure prompt payment



Name: _____

Consultants Name: _____

School: _____ Postcode: _____

Ref: _____ Booking: _____

Week Ending Sunday: _____
(BLOCK CAPITALS)

London & Home Counties

Phone: 0845 615 6511

Email: enquiries@itnmark.com

Web: www.itnmark.com

DAY	DATE	TIME STARTED	TIME FINISHED	LUNCH BREAKS	FLAT DAYS	FLAT HOURS	TOTAL DAYS/HOURS
Mon							
Tue							
Wed							
Thurs							
Fri							
Sat							
Sun							
Total days/hours for the week							

The above named staff has worked the days/hours shown and we agree to pay your account in accordance with your Terms and Conditions of business

Authorised

By: _____ Signature: _____ Position: _____ Date: _____

EXPENSE DETAILS - TO BE COMPLETED BY EMPLOYEES OF KEY PORTFOLIO LIMITED ONLY

Non receipted scale rate payments

Your claim for scale rate payments can be processed for each day worked. To claim for a particular scale rate payment please put a (✓) in the appropriate box.

	Mon	Tues	Wed	Thurs	Fri	Total
Breakfast						
Lunch						
Evening Meal						

Mileage Claim

Complete the relevant box with the number of miles travelled.

	Mon	Tues	Wed	Thurs	Fri	Total
Car/Van						
Motorbike/scooter						
Bicycle						



By ticking the box, I confirm that I am an employee of Key Portfolio Limited and am site based in accordance with sections 336-339 ITEPA 2003. As detailed above, I claim breakfast for each morning that my job obliged me to leave home before 7:00am, which was earlier than is usual, and I purchased breakfast, lunch for each day that I purchased lunch and an evening meal for each day that I worked beyond my usual evening meal time, was away from home for more than 10 hours and purchased an evening meal.

By ticking the box, I confirm that I have completed a Portfolio Expense Form for my receipted expenses and sent it to Key.

For full details of any additional expenses to which you may be entitled to claim, please refer to the Key Portfolio Allowable Expense Guidelines. For details of the scale rate payments see www.mykeypay.com or contact Key on 0845 371 0303.

I certify that I have received and read your Agency Agreement and that I have carried out the work detailed above.

Supply Staff Signature: _____

You will receive your pay slip by email unless you notify us otherwise