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Client Name:	Client Order No:
Client Address :	Week Ending Date:
	Reporting To :

		Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday			Total hours	Expenses & additional payments
		Times	Break	Hours	Times	Break	Hours	Times	Break	Hours	Times	Break	Hours	Times	Break	Hours	Times	Break	Hours	Times	Break	Hours		
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I hereby certify that the hours shown above are correct and that all work has been carried out to a satisfactory standard. We will also accept the invoice for the hours shown above at the rates agreed previously and also agree to accept your terms and conditions of business as shown on Optima Site Solutions website.

Name Signature Position Date

(authorised signatory only)