

WEEKLY TIMESHEET

Please ensure Timesheets are **SIGNED** and forwarded over before **MONDAY at 15:00h**. Timesheets received after the deadline will not be processed until the following week. Please scan or take a photo of your timesheet and email it to

			<u>raikoll@ii</u>	<u>iternationalivi</u>	lasterCheis	s.cor	<u>11</u>		
	-	Your Name:							
	Your Position:								
	Consultant name:								
	Establishment name:		:						
	Estab	ishment addres	s:						
	Post Code:								
Day		Date (dd/mm/yy)	Start Time	Finish Time	Break (Hours		Total	Total Hours Worked	
MON									
TUE									
WED									
THU									
	FRI								
	SAT								
:	SUN								
T	OTAL	Plea	ase calculate you	ur hours HER	E ——	→			
I hereby confirm that the times and dates provided are correct. Additionally, I confirm that the signature on behalf of the Establishment side is indeed the signature of the representative of the establishment. I am aware that providing false or inaccurate information may result in rejection of payment or delay in processing.				Signature of Temporary Worker				Date:	
I/We hereby confirm that the hours provided are accurate. The quality of work performed meets our satisfaction, and we acknowledge the charges associated with these hours.				Title				Date:	
acknowledge the charges associated with these hours. I/We agree to remit payment to International Master Chefs LTD within the agreed-upon payment terms				Print Name					

Authorized

Establishment Signatory

Furthermore, I/We affirm that the terms and conditions outlined

by International Master Chefs LTD constitute the sole terms of this

contract.