

JAK Imaging & Medical solutions

56 Crabbe Street
 Ipswich, IP4 5HS
 Phone 07533326454 email: timesheets@jjams.co.uk

SN:



Employee Name: _____ Job title: _____

Phone Number: _____ Employee Signature: _____

Client/Department: _____ Client Address _____

Please email your timesheet by Monday 5pm. If you post, ensure it arrives by 5pm

Day	Date	Start Time	End Time	Break	Mileage	Total Hrs.
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Weekly Totals						

Please make sure your time sheet is accurately completed in full and sent to payroll by 5pm on Mondays. Inaccuracies may result in delayed payments. Please ensure that the timesheet is signed and dated by an authorized signatory.

<p>Client authorization: I am an authorized signatory for my department/organization. I am signing to confirm that the hours/shifts I am authorizing are accurate and I approve for payment. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by JAK Medical authorized body, for verification of this claim and the investigation, prevention, detection and prosecution of fraud.</p>	Name:
	Position:
	Date
	Sign: