



Kansas

Home Care Ltd

Tel No: 0207 2268899 Mob No: 07484 901452 E-mail: kanssashomecare@gmail.com

Staff Name:	Client Name:
Staff No:	Client Address:
BRANCH:	Staff Tel No
Service Type Provided: (<i>CCG,Private, Reablement,Brokerage,Socila Services, Enhanced Care.</i>)	

1st WK.	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
DATE								
1stCall Start								
Finish								
2ndCall Start								
Finish								
3rdCall Start								
Finish								
4thCall Start								
Finish								
Total Hr								Total hr
Client Signature								

2nd WK

DATE								
1stCall Start								
Finish								
2ndCall Start								
Finish								
3rdCall Start								
Finish								
4thCall Start								
Finish								
Total Hr								Total hr
Client Signature								

As authorised signatory I confirm that the above are the total hours to be invoiced

Signed _____ Print Name _____ Date _____

PLEASE SIGN & SUBMIT TIMESHEETS EVERY FOLLOWING MONDAY WORKED BY 12PM. FAILURE TO DO SO WILL RESULT IN SELAYS IN PAYMENTS. THE TIMESHEET MUST BE SIGNED AND AUTHORISED BY CLIENT. PLEASE RETAIN COPY FOR YOUR RECORDS.

PLEASE SEND / FAX TIMESHEETS TO THE OFFICE BY 12PM ON MONDAY.

Authorised by.....Office use only.