Exceed Support Services
Positive Lives In Learning Disabilities

Staff Name:		Client Name:	
Designation:		Address:	
Send the timesheet to this email: info@exceedsupportservices.co.uk			
Service Type Provided:(CCG,Private,Reablement,Brokerage,SocialServices, Enhanced Care,)			

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 DELAYS
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.