



This must be **emailed to payroll@aqua-healthcare.co.uk** or **faxed to 0203 137 2170** by **5pm on Monday** to ensure prompt payment.

**Name** ..... **Consultants Name** .....

**Site**.....

**E** – payroll@aqua-healthcare.co.uk

**T** – 0208 004 8604

**W** – www.aqua-healthcare.co.uk

	<b>Date</b>	<b>Start Time</b>	<b>Finish Time</b>	<b>Break Start Time</b>	<b>Break Finish Time</b>	<b>Total Hours Worked</b>
	<b>Monday</b>					
	<b>Tuesday</b>					
	<b>Wednesday</b>					
	<b>Thursday</b>					
	<b>Friday</b>					
	<b>Saturday</b>					
	<b>Sunday</b>					
<b>Total</b>						

The above named staff has worked the days shown and we agree to pay your account in accordance with your terms and conditions of business.

I certify that I have received and read your Business Agreement and that I have carried out the work detailed above.

Authorised by: ..... Position: .....

Staff Signature: .....

Signature: ..... Date: .....

Date: .....

**T** – 0208 004 8604

**E** - payroll@aqua-healthcare.co.uk

**A** - Aqua Healthcare, Salisbury House, 29 Finsbury Circus, London, EC2M 5SQ