



Monthly Timesheet/Work Completion Certificate

Contractor:.....

Client:.....

Month:.....

Date	Hours/Days	Date	Hours/Days	Date	Hours/Days
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	

Please copy twice. Provide one copy to the client, keep one copy for your records and send the other original with an invoice addressed to:

Accounts Administrator
Compass Rose Resources Ltd
601 International House
223 Regent Street
London, W1B 2QD

Invoices and Timesheets can be received in the following ways
Scanned and Emailed: accounts@compassrosereources.co.uk

By Post: **Accounts Department, Compass Rose Resources Ltd,**
601 International House, 223 Regent Street, London, W1B 2QD

Should you have a query relating to timesheets, invoicing and payroll please contact **0208 144 7280**

Signed by Contractor:.....

Print Name:..... Date:.....

Signed by Client:.....

Print Name:..... Date:.....

These signatures confirm that the work is complete and the client is satisfied.
Compass Rose Resources Ltd will only pay the invoice once the timesheet has both signatures.