

Consultants Name _____
 Limited Company _____
 Client _____
 Week Beginning _____
 Week Ending _____

	Mon	Tues	wed	Thu	Fri	Sat	Sun	Total
Week 1						-	-	
Week 2						-	-	
Week 3						-	-	
Week 4						-	-	
Week 5						-	-	

Client Declaration

I confirm that I am authorised to verify on behalf of the client (as above) and do verify the execution of the consultancy services provided by the Limited Company (as above).
 You are here by authorised to invoice the client at the agreed rate.

Signed: _____
 By (print name): _____
 For (client): _____
 Date: _____

Contractor Declaration

I confirm that this is an accurate record of days worked.

Signed: _____
 By (print name): _____
 Date: _____

Completed copy should be sent to:

Rachael Whitlock
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 Business Design Centre
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 Islington
 London
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