



# ATS

Action Technical Services Ltd

ACTION HOUSE, 35-41 MONTAGU STREET, KETTERING, NORTHAMPTONSHIRE, NN16 8XG  
TEL: 01536 536600

Clients Name: \_\_\_\_\_  
Contractor's Name: \_\_\_\_\_  
Contractor's Ltd. Co.: \_\_\_\_\_  
Week Ending: \_\_\_\_\_

**Fax: 01536 536628**  
**accounts@ats.uk.com**

### FOR OFFICIAL USE ONLY

|         |  |  |  |                  |  |
|---------|--|--|--|------------------|--|
| PO No.: |  |  |  | INVOICE<br>DATE: |  |
| HOURS:  |  |  |  |                  |  |
| CR:     |  |  |  | INVOICE<br>No.:  |  |
| PR:     |  |  |  |                  |  |

Signed timesheet must arrive at **ATS by 12.00 NOON on TUESDAY** of following week. **It is the responsibility of the contractor to submit this timesheet.**

Signed faxed and emailed copies are accepted but originals should also be sent. Please check timesheet additions are correct.

White & Pink copies - return to ATS

Blue copy - retained by Contractor

Yellow copy - retained by Client

|                 | MON | TUE | WED | THUR | FRI | SAT | SUN | TOTALS |
|-----------------|-----|-----|-----|------|-----|-----|-----|--------|
| <b>BASIC</b>    |     |     |     |      |     |     |     |        |
| <b>OVERTIME</b> |     |     |     |      |     |     |     |        |

**I certify that a total of**

**hours have been satisfactorily worked in accordance with ATS terms and conditions of business.**

Client's Name: \_\_\_\_\_  
(Printed)

Position: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_