

**PLEASE RETURN BY FAX TO OUR ACCOUNTS DEPARTMENT
TO ENSURE PROMPT PAYMENT, PLEASE ENSURE YOU
RETURN THIS TIMESHEET BY MONDAY AT 12:00pm (LATEST).**

Fax your timesheet to:

0845 078 0251

To ensure that your timesheet has been received phone
01422 384100 as soon as you have faxed it.

Payroll enquiries: 020 7747 3030

41 WHITCOMB STREET, LONDON, WC2H 7DT

Teacher Name		School Name		Week Ending Date	
				/ / 2008	
Branch		Personnel No.		Assignment No.	
Day	Day	Half Day	Total		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Total Days (in this School)					

<p>TEACHER DECLARATION I confirm that I have worked and completed the total time shown above.</p>
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<p>SCHOOL DECLARATION The above times stated are an accurate record of days completed by the Teacher whose performance over these days has been satisfactory. Dream are hereby authorised to invoice my organisation at the agreed rate. By signing this Timesheet I confirm that I have read and agreed Dream's Terms and Conditions of Business.</p>

Teacher Signature		Authorising Signature		Position	
Date	/ / 2008	Print Name		Date	/ / 2008

HAVE YOU SENT YOUR JSA EXPENSE CLAIM FORM?