

SETTING NAME & ADDRESS:

Provider of supply staff throughout  
**Surrey, Berkshire and Hampshire**

Invoice No:  
Invoice Date:

**NAME OF AGENCY STAFF:** \_\_\_\_\_

DATE	COMMENCED WORK AT	FINISHED WORK AT	TOTAL HOURS	LESS BREAKS	HOURS PAYABLE (EXCLUDING ALL BREAKS)	CLIENT SIGNATURE
MON						
TUES						
WED						
THURS						
FRI						
SAT						
SUN						

Gainpath Agencies Ltd  
11-13 Dukes Ride  
Crowthorne  
Berkshire  
RG45 6LZ

Tel: 01344 769001  
Fax: 01344 751152  
Email: info@gainpathagencies.com



OFFICE USE ONLY	
HOURLY CHARGE RATE	TOTAL NO. OF HOURS
£	

TOTAL HOURS

FOR OFFICE ONLY

TOTAL TO PAY £

ANY SPECIAL INSTRUCTIONS:

**DUE BY:**  
(TERMS: STRICTLY 7 DAYS)

SETTING NAME & ADDRESS:

*Provider of supply staff throughout  
**Surrey, Berkshire and Hampshire***

Invoice No:  
Invoice Date:

**NAME OF AGENCY STAFF:** \_\_\_\_\_

DATE	COMMENCED WORK AT	FINISHED WORK AT	TOTAL HOURS	LESS BREAKS	HOURS PAYABLE (EXCLUDING ALL BREAKS)	CLIENT SIGNATURE
MON						
TUES						
WED						
THURS						
FRI						
SAT						
SUN						

Gainpath Agencies Ltd  
11-13 Dukes Ride  
Crowthorne  
Berkshire  
RG45 6LZ

Tel: 01344 769001  
Fax: 01344 751152  
Email: info@gainpathagencies.com



OFFICE USE ONLY	
HOURLY CHARGE RATE	TOTAL NO. OF HOURS
£	

TOTAL HOURS

FOR OFFICE ONLY

TOTAL TO PAY £

ANY SPECIAL INSTRUCTIONS:

**DUE BY:**  
(TERMS: STRICTLY 7 DAYS)