This must be **emailed to payroll@aqua-healthcare.co.uk** or **sent to your dedicated consultant via WhatsApp** to ensure prompt payment.

Name ..... Consultants Name .....

Site.....

E – payroll@aqua-healthcare.co.uk
T – 0208 004 8604
W – www.aqua-healthcare.co.uk

	Date	Start Time	Finish Time	Break Start Time	Break Finish Time	Total Hours Worked
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
					Total	

The above named staff has worked the days shown and we agree to pay your account in accordance with your terms and conditions of business.

Authorised by: ..... Position: .....

Signature: ..... Date: .....

I certify that I have received and read your Business Agreement and that I have carried out the work detailed above.

Staff Signature: .....

Date: .....

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E - payroll@aqua-healthcare.co.uk
A - Aqua Healthcare**,** Salisbury House, 29 Finsbury Circus, London, EC2M 5SQ