

282 Lewisham High Street Lewisham, London SE13 6JZ

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Client:					######################################	*******	**************************************	Care worker Name:									
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Client:	Client:								Week Starting Monday / / Care worker Name:								
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I/We confirm that I have checked the times and agree that these hours were worked by the above employee and we confirm that these will be used for the calculation of the invoice.

Sat

Sun

TOTAL HOURS

Signature of service user: .....

Signature of care worker: .....