FCS TIMESHEET					
NAME		VESSEL		JOB ROLE	
TRIP START DATE	TRIP END DATE	PAID TRAVEL DAYS	PAID NORMAL DAYS	DAY RATE	
Please specify in 'NOTES' below if " Please return by email to payroll@fa		NORMAL DAY RATE' authorised in order for a payment t	o be porcessed		
NOTES					
		1			
SEAFARERS SIGNATURE			CLIENTS AUTHORISED SIGNATURE		
PRINT NAME			PRINT NAME		
DATE			DATE		
I certify that the hours shown are a correct record of those worked by me under my terms of engagement and contract signed with FCS (Guernsey) Limited			which will be paid on receipt. I conf	een satisfactirily worked and accept th firm we have a copy of your terms of b ne with FCS (Guernsey) Limited's tern payable.	usiness. If I engage the