



ABN: 52 960 083 382
 Level 2/546 Collins Street
 MELBOURNE VIC 3000

TIMESHEET (DAILY RATE)

FAX TIMESHEET TO: 03 8320 7501

Contractor's Name: _____ Client: _____

Contact Phone: _____ Client Site: _____

Week Ended: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Days worked							
Billable extra hrs							
Unbillable extra hrs							

Summary

Total No. of Billable Days Worked =
Total No. of Billable Extra Hrs Worked =

Contractor's Signature: _____
(signature)

I agree that the services provided by the contractor for the period outlined on this timesheet has been performed to the required standard. I am an authorised representative and by signing this timesheet we agree to payment of an invoice upon receipt.

Client's Signature: _____ Name: _____
(signature) *(please print)*

<p>Complete hours as hours and minutes (e.g.. 7:30 not 7:50) Enter using the 24 hour clock with a colon (:) Payment cannot be processed unless authorised representative has signed Signed timesheets are required by 11.00 am on Monday or each week</p>
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