



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

TIMESHEET (HOURLY 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								
Normal Start Time								
Normal Finish Time								
Less Breaks								
Total Normal Hours							0.00	
Extra Hours Start Time								
Extra Hours Finish Time								
Total Extra Hours							0.00	
Total Hours Worked	0.00	0.00	0.00	0.00	0.00	0.00		
Total Billable Time (Normal + Extra)								0.00
								0 Days

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)*

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