



NAME OF CONTRACTOR: _____

TIMESHEET

Fax: 9244 8066

NAME OF CLIENT: _____

PERIOD ENDING: _____

Please fax by **MONDAY 12 NOON**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL TO BE PAID
DATE								
START								
FINISH								
Total hours								
Break								
Total hours to be paid								
Normal								
Time-half								
Double								
Meal allowance								

COMMENTS/FEEDBACK (re Allowances, Special Conditions, Performance, etc)

AUTHORISED BY: _____ (SUPERVISOR)