



Please fax time sheets to 02 9411 5659 by 1pm on Friday

## TIME SHEET

Client Company: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Client Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Contractor's Position: \_\_\_\_\_

	START TIME	FINISH TIME	LESS MEAL*	DAILY HOURS	Contractor Initials
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

\* Only hours worked will be paid/charged

**TOTAL HOURS:**

**I hereby certify that the hours stated above are correct and that I have read and understood and accept the Terms and Conditions of Business.**

Client Signature: \_\_\_\_\_ Client's Name: \_\_\_\_\_

Position in the Company: \_\_\_\_\_ Date: \_\_\_\_\_

**Client approval accepts that the above hours worked are correct. It also accepts our standard terms of business and agreement to pay the account within seven days. A fee will be charged as per our normal scale of fees should the employee return to the above company as a permanent, contractor or temporary employee within a period of 12 months. No payment will be made without a timesheet signed by the authoriser**