



ABN 55 139 965 610

EMPLOYEE TIME SHEET

EMPLOYEE NAME:			EMPLOYEE NO.		CLIENT				JOB LOCATION:		PURCHASE ORDER No.	
DAY	DATE	TIME START	TIME FINISH	LUNCH	HOURS ORD	HOURS 1 1/2	HOURS 2	HOURS 2 1/2	TRAVEL	SHIFT	ALLOWANCES or REMARKS	
SUN												
MON												
TUES												
WED											PAY OFFICE USE ONLY	
THUR												
FRI												
SAT												
OTHER WORKSITE THIS WEEK . YES NO.			TOTAL HOURS WORKED								CLIENT SIGNATURE:	

NOTE TO CLIENT: Please have your supervisor double check that the hours STATED are correct. As items shown will appear on your invoice as per terms of business

EMPLOYEE SIGNATURE:	CLIENT NAME:
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PLEASE FAX TO 08 9091 6222 MUST BE IN BY 12:00 MIDDAY MONDAY