

TIMESHEET

Email TIMESHEET to: accounts@studyandwork.com.au

Your Name:		Client Company:	
Your Phone:		Client Phone:	

Week Ended:								
	Mon	Tues	Wed	Thu	Fri	Sat	Sun	
Date:								Total Hrs
Start Time								
Finish Time								
Less Breaks								
Total Hours Worked								

Total Billable Time: _____ (HH:MM)

Your Signature: _____

I agree that the services provided by the contractor for the period outlined above have been performed satisfactorily and that I am an authorised representative. By authorising this timesheet, we agree to payment of an invoice upon receipt.

Client's Signature: _____ **Name:** _____ **Position:** _____

- Complete hours as hours (HH) and minutes (MM) (for example 8:30 not 8.5). Enter your times using the 24-hour clock and with a colon (for example 19:30)
- Your authorised representative must sign your timesheet before any payment can be processed
- Signed timesheets are required by close of business on Monday of each week