



## CONTRACTOR TIMESHEET

Week Ending: Sunday / /2008

Contractor Name: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Client Company: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Work Phone No: \_\_\_\_\_

Site Address: \_\_\_\_\_

	Time Started	Time Finished	Meal Break	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
			<b>Total Hours:</b> (to nearest .25)	
			<b>Total Days:</b> (Daily Rates only)	

I hereby certify that the hours stated above are correct.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX COMPLETED TIME SHEETS TO**

**1300 FAX TRA (1300 329 872)**

Unsigned timesheets **will not** be processed.

**Timesheets must be received by 11am Monday.**

Timesheets received after this time will not be processed until the following payroll.

In the event of a Public Holiday (Monday), the payroll will be delayed by one day.