



WEEKLY TIMESHEET

| DAY | START | LUNCH | FINISH | TOTAL DAYS WORKED | Expenses Value \$ |
|--|-------|-------|--------|-------------------|-------------------|
| MONDAY | | | | | |
| TUESDAY | | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |
| SATURDAY | | | | | |
| SUNDAY | | | | | |
| TOTAL HOURS PROF WEEK (40-50 hrs) | | | | | |

WEEK ENDING: Friday _____

CONTRACTOR NAME: _____

CONTRACTOR SIGNATURE: _____

CLIENT NAME / TITLE: _____

CLIENT SIGNATURE: _____

Client Signature Expenses: _____

**Please fax SIGNED timesheet through at the end of each week to:
+61 (03) 9348 0093**