

WEEKLY TIMESHEET

Hourly Rate

Contractor Name: _____

Company Name (if applicable): _____

Client Name: _____ Contract Number: _____

Week Commencing: Monday _____ Rate: Hourly

	Start Time	Lunch (begin)	Lunch (end)	Finish Time	TOTAL HOURS	Overtime Included	Overtime Initialed
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
TOTAL							

AUTHORISATION

I certify that all the information displayed above is correct and that work performed met the scope of work as indicated in the Contractor Agreement.

Contractor Signature: _____ Authorising Signature: _____

Name: _____ Name: _____

Contact Phone: _____ Contact Phone: _____

Fax 02 9232 8344 or
email timesheet@vantagerecruitment.com.au
by Monday 5pm