



Name of Contractor:

Client Company Name:

Client Company Contact Name:

Client Contact Phone Number:

Week Ending – SUNDAY

	Date Worked	Time Started	Time Finished	Minus Breaks	Daily Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total Hours Worked:

Additional Information:

If you are claiming overtime from the above total, enter here –

HRS	MINS
-----	------

If you are on a daily rate enter the number of days worked here –

If you are claiming an expense fax receipt with Timesheet and enter amount and description here -

Employee Signature

Manager Signature

Please fax to:
Skill Up Australia
Level 1, 145 Heidelberg Road
Northcote 3070
Fax: 03 9486 3839