

CompuTracts

Facsimile: (02) 9489 7335

WEEKLY TIMESHEET

CONTRACTOR NAME: _____

CLIENT NAME: _____

WEEK STARTING: __ / __ /20

	START TIME		FINISH TIME	TOTAL HOURS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

TOTAL HOURS THIS WEEK :

CONTRACTOR SIGNATURE: _____

Date: _____

AUTHORISED BY: _____

Date: _____

Note: Hours worked are to be recorded to the nearest ¼ hour.

This timesheet must be signed by a person duly authorized by the client. The client should verify the hours worked and that the services were performed to the required standard.