

NAME: _____ **REG. No.** _____

THIS TIMESHEET MUST ARRIVE BY TUESDAY MORNING FOLLOWING THE WEEK WORKED

ENTER HOURS WORKED

MON	TUES	WED	THUR	FRI	SAT	SUN

TOTAL

=

I certify that I have worked the hours shown
and agree terms and conditions

ENTER WEEK ENDING DATE (SUNDAY)

Name of Client (where you are working)

**Clients are requested to check details carefully. Please remember that your approval of
this timesheet is an irrevocable authority to charge your company for the time claimed.**

AUTHORISING SIGNATURE

Date

PLEASE PRINT NAME

THIS COPY FOR
RETENTION BY CLIENT

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