

CONTRACTOR'S TIMESHEET

Contractor's Name: _____
Fortnight Beginning: _____
Project/Client: _____
Location: _____
B.H. Contact Number: _____
Email Address: _____

Week 1	Start Time	Breaks	Finish Time	Hours Worked
Monday ^a				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Sub-Total:				hrs
Week 2	Start Time	Breaks	Finish Time	Hours Worked
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Sub-Total:				hrs
Total hours worked in the fortnight:				hrs

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a. On the first day of each fortnight, your fully signed timesheet for the previous fortnight should be faxed to Abelard Consulting at (03) 9596 3625.

Contractor's Declaration

I hereby declare that I have worked for the stated project/client for the hours specified above:

Contractor's Signature: _____

Client's Authorisation

I hereby authorise that payment be made to the contractor as per the hours specified above.

Client's Signature: _____