

Timesheet

Temporary's Name	Company
Position	Supervisor
Week Ending Sunday / /	Location

DAY	DATE	Time Start	Time Finish	Lunch	Total	Office Use Only			
						1	1.5	2	Other
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Please calculate to Nearest ¼ Hour. Meal Breaks Unpaid					Weekly Total				

Declaration:

I declare that the above hours are true and correct and that no injuries were sustained by me.

Temporary's Signature:

**Please fax your timesheet to:
02 9290 1891**

Call Renee or Paula with any questions:
P: 02 9344 9109

PO Box 717
Kensington NSW 1465

Client Authorisation:

I have read, understood & accept the Terms of Business & Payment Terms of Rpb Consulting. I confirm the hours stated on this time sheet are true and correct & and the assignment was fulfilled to my satisfaction.

Supervisor's Name

Supervisor's Title

Supervisor's Signature