



Time Sheet

Name: _____

Week Commencing Monday: _____

Client: _____

	Start	Finish	Less breaks	Total
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
	Contractor Signature _____			Total in hours and minutes _____
	Authorised Client Signature _____			Total in Decimals _____
	Print Client Name _____			Number of Days worked _____

**PLEASE NOTE: All time sheets must be faxed to 2it Consulting by no later than 11am Tuesday.
PH: 02 8262 4900 Fax: 02 9264 5077**