



## Time Sheet

Name: \_\_\_\_\_

Week Commencing Monday: \_\_\_\_\_

Client: \_\_\_\_\_

	Start	Finish	Less breaks	Total
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				
<b>Sunday</b>				
	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**