

Timesheet

Month:

Contractor Name:

Position:

Client Name

Client Contact Number:



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Date	Client Site (if required)	Basic Hours	Overtime Hours	Total Hours (or Days)
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				
13th				
14th				
15th				
16th				
17th				
18th				
19th				
20th				
21st				
22nd				
23rd				
24th				
25th				
26th				
27th				
28th				
29th				
30th				
31st				
Total Hours worked:				

CONTRACTOR DECLARATION

I hereby confirm that this is a true record of the hours worked.

Signed:

Date:

CLIENT DECLARATION

I hereby agree that this is a true record of the hours worked and that I am authorised to sign on behalf of the Client.

Payment for these hours will be made as agreed by the terms of the contract.

Signed:

Date:

Position:

