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From:	
Date:	
No. of pages (including cover):	

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TIMESHEET FOR WEEK ENDING

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EMPLOYEE DETAILS						CLIENT APPROVAL DETAILS			
Name: _____						Must be completed and signed for pay to be processed.			
Street: _____						Client Name: _____			
Suburb: _____ P/C: _____						Suburb: _____			
Email Address: _____						Supervisor: _____ Ph: _____			
Position: _____ Phone: _____						Signature: _____ O/No: _____			
Signature: _____									
						OFFICE USE ONLY			
Day	Date	Start Time	Finish Time	Less Break	Total Hours	Ordinary Time	1 ½ time	Double Time	2 ½ time
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
ACTUAL HOURS WORKED									
EXPENSES									