



TIMESHEET

Name											
Company Name											
Week Ending Friday			-			-	2	0			
State	NSW <input type="checkbox"/>					VIC <input type="checkbox"/>					

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Start							
Finish							
Lunch							
Total Hours							
Total Hours Worked							

CONTRACTOR

I certify that the number of hours set forth above is accurate and that I satisfactorily completed the tasks as requested by the Client. Timesheets are to be emailed to timesheets@est10.com.au no later than COB on Friday for processing the next week. Late timesheets will be processed with the following week's payroll. You do not need to send a cover sheet.

Contractor Sign		Date			-			-	2	0		
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CLIENT

I certify that the number of hours set forth above is accurate and that services have been provided for the hours indicated and those services have been satisfactorily completed by the Contractor. By accepting and signing this timesheet the Client is agreeing to the Term and Conditions as set out by EST10 Pty Ltd as well as arranging payment for the services provided according to the Terms & Conditions.

Client Name				Position								
Client Sign		Date			-			-	2	0		

Signatures are required to verify recorded hours are accurate.