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Employee / Contractor Timesheet

Name: _____

Site: _____

Date: _____

Start Time: _____ Finish Time: _____

Hours Worked: _____

Job Details:

Job no / task

Time Spent

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employee Signature: _____

Client Signature: _____

Completed Timesheets to be faxed Attn Craig McGregor – 02 4927 1109