



**TIMESHEET – DAYS WORKED**

Contractor Name:	<input type="text"/>	Client:	<input type="text"/>
Week comm. Date:	<input type="text"/>	Contract No:	<input type="text"/>

DAY	START TIME	FINISH TIME	BREAKS	DAYS WORKED
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Days Worked				<input type="text"/>

Signed by the contractor: \_\_\_\_\_ Date: \_\_\_\_\_

The client confirms that this timesheet is accurate and that the work has been carried out to his/her satisfaction.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORISED TIMESHEETS CAN BE EMAILED TO**  
[timesheets@genesisit.com.au](mailto:timesheets@genesisit.com.au)  
**OR FAXED TO**  
**Accounts Department, Genesis IT&T ~ 02 9232 4999**