

### CONTRACTOR TIME SHEET

<b>CONTRACTOR NAME</b> _____ <b>WEEK ENDING DATE (SUNDAY)</b> _____ <b>CLIENT COMPANY</b> _____				
	<b>START TIME</b>	<b>FINISH TIME</b>	<b>TOTAL BREAKS</b>	<b>TOTAL UNITS WORKED (Days)</b>
<b>MONDAY</b>				
<b>TUESDAY</b>				
<b>WEDNESDAY</b>				
<b>THURSDAY</b>				
<b>FRIDAY</b>				
<b>SATURDAY</b>				
<b>SUNDAY</b>				
<b>TOTAL UNITS FOR WEEK:</b>				
<b>CONTRACTOR SIGNATURE</b> _____ <b>DATE</b> /   / _____  <b>AUTHORISED CLIENT NAME</b> _____ <i>(PLEASE PRINT)</i> .  <b>CLIENT SIGNATURE</b> _____ <b>DATE</b> /   / _____				

**FAX TO OR EMAIL BY 5.00PM MONDAY OF THE FOLLOWING WEEK**  
 Fax: 02 8234 3555    Email: timesheets@pra.com.au