

Timesheet

Company: _____

Week Ending: _____

Please fax your timesheet to (02) 9239 0900 at your earliest convenience on Friday and ensure that we have your bank and tax file details prior to completing your timesheet(s).

NAME: _____

| | Date | Start | Finish | Lunch | Total | Ord | X1.5 | X2.0 | Oth | MA |
|---------------------------|------|-------|--------|-------|-------|------------------------|------|------|-----|----|
| Mon | | | | | | | | | | |
| Tues | | | | | | | | | | |
| Wed | | | | | | | | | | |
| Thurs | | | | | | | | | | |
| Fri | | | | | | | | | | |
| Sat | | | | | | | | | | |
| Sun | | | | | | | | | | |
| Total hours worked | | | | | | | | | | |
| | | | | | | Office Use Only | | | | |

Client Authority

Client Name (Please Print):

Client Signature:

Signature signifies compliance with standard Métier Recruitment terms of Business and acceptance of hours to be charged.