



BUXTON PRATT

CONSULTING

TEMPORARY TIME SHEET

Temporary Name: Week Ending:

Day	Date	Time Started	Time Finished	Gross Hours Worked	Breaks (hours & minutes)	Net Hours Worked	Km's Travelled
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Totals							

Please complete your timesheet at the end of each day and total your hours at the end of each week (**rounding up/down to the nearest 15 minutes**). Please ensure the time sheet has been signed by you and authorised by the client before returning it to our office by fax before close of business each Friday. Should you be unable to return your timesheet for any reason, please notify our office – 9533 8164.

Fax: 9525 2438

Temporary Signature:

Company Name:

Client Name:

Client Signature:

Office Use only – Client invoice No.: