

CLIENT:

WEEK ENDING SUNDAY:

Please ensure times are filled in using a 24 hour clock system.

NAME					SIGNED			
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START								
FINISH								
LUNCH								
TOTAL								

NAME					SIGNED			
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START								
FINISH								
LUNCH								
TOTAL								

NAME					SIGNED			
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START								
FINISH								
LUNCH								
TOTAL								

NAME					SIGNED			
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START								
FINISH								
LUNCH								
TOTAL								

NAME					SIGNED			
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START								
FINISH								
LUNCH								
TOTAL								

Approved by: _____

Signed: _____

Please return to CozWine Monday morning on fax: 8562 4891. Email: cwbv@cozwine.com.au

Approval of this time sheet is an acceptance of the Client's responsibility to check the services provided by the independent contractor.