

Timesheet



Contractor's Name:

Client:

(Report to: Time:)

Day	Date	Start Time	End Time	Hours	Supervisor Initials
Mon	/				
Tue	/				
Wed	/				
Thu	/				
Fri	/				
Sat	/				
Sun	/				
Cost Centre			Total Hours		

All alterations to this timesheet must be initialled by your supervisor.

I hereby certify that the hours shown here were worked by me during the week.

Contractor's Signature: **X**

(No wages will be paid by CozWine unless this form has been approved and signed by your supervisor.)

Client Approval: Supervisor signature indicates verification of hours worked and acceptance of terms and conditions of the contract.

X
Supervisor Signature

X
Print Name

Office Use Only		Hours	Overtime
Shift			