

TO: BRIDGE CONSULTING
FAX: (02) 9919 6999 by 6pm Friday

BCNSW AF 120-440 Iss A/Rev 1



TIME SHEET

Week Ending: _____

DAY	DATE	START TIME	FINISH TIME	LESS LUNCH	TOTAL HOURS	OFFICE USE ONLY		
						NORMAL	1.5 T	2.0 T
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
Is this Assignment ending? Please <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					TOTAL			

Specialist Recruitment

Bridge Consulting & Recruitment Pty Ltd
 ABN 85 094 033 404

PO Box 1798
 North Sydney NSW 2059

Level 1
 103 Miller Street
 North Sydney NSW 2060

Tel: (02) 9919 6969
 Fax: (02) 9919 6999

svd@bridgeconsulting.com.au

Approval is deemed authorisation of the hours worked for invoicing purposes, and of the client's continued acceptance of our Terms and Conditions issued with the placement advice and subsequent invoice(s).

www.bridgeconsulting.com.au

NAME _____
 (Please print your name)

Part of the Bayside Group

COMPANY NAME _____

APPROVED BY _____
 (Supervisor / Direct Report) (Please print name & title) (Signature & Date)

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Should you require more time sheets, they can be downloaded from our website from the *At Work* menu



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