

TIMESHEET

Send contractor invoice to MAC resource group by following Wednesday of each week

Contractor Name: _____

Trading as (if applicable): _____

Client Name: _____

Client Address: _____

Week ending Friday: _____ / _____ / _____

	Worked Y/N
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Total Days	

Client Use

I hereby certify that the days stated are true and correct.
(Please refer to Terms of Business for the introduction of Temporary Staff for full terms and conditions)

Authorised supervisor's signature: _____

Print Name: _____

Position Held: _____

Contact Phone Number: _____ Date / /

Office Use

Days		Rate		Payable		Invoice	

Employee Code: _____ Job Number: _____