## Contractor Time Sheet - Daily Rate

Contractor Name	
Week Ending	
Company Name	
Client Contact	

Day	Start Time	Breaks	Finish Time	Total Time Worked	Days to be Paid
Mon		***************************************			
Tues					
Wed					
Thurs			Personal and the second section of the section of the second section of the secti		
Fri					
Sat					
Sun					
Total days authorised for payment					

	Signed	Date
(Contractor)		
(Client)		
(Director Impact Executive Solutions )		

Please fax back to (02) 8211 5286