

# MONTHLY TIME SHEET

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

**MONTH END APPROVAL:** \_\_\_\_\_

**DUE ON OR BEFORE LAST DAY OF THE MONTH**



MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

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Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Client																
Project																
Start Time																
Finish Time																
Break Times																
Total Hours																
Activity Summary																
Quarterly Approval	Client / Supervisor: Name..... Signature.....								Client / Supervisor: Name..... Signature.....							

Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Office Use Only
Client																Date Paid
Project																EFT Trans No.
Start Time																Comments
Finish Time																
Break Times																
Total Hours																
Activity Summary																
Quarterly Approval	Client / Supervisor: Name..... Signature.....								Client / Supervisor: Name..... Signature.....							

Client:	Hours	Client:	Hours	Client:	Hours	Client:	Hours	Client:	Hours	Total Hours
Project:		Project:		Project:		Project:		Project:		

Office Use Only	Rate per Hour \$	Gross \$	Allowance \$	SS Super \$	Deductions \$	Tax \$	Nett \$	SG Super \$
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Please ensure each day is clearly filled out with regard to client, project, times and activities (including location) and have your time sheet approved by the client or your supervisor