

PH: (02) 4631 6700 FX: (02) 4625 5484 Unit 4 / 17 Warby St Campbelltown, NSW 2560

EM: timesheets@makibeaustralia.com.au

| TIME SHEE | Г | | | | | | | | | | |
|---|----------|----------|--------|--------|--------------|---------------------------------|----------|----------|----------|------------|--|
| | | | | | WEEK ENDING: | | | | | | |
| CONTRACTOR | COMPANY | | | | | | | | | | |
| NAME: | | COMPANY: | | | | | | | | | |
| | | | | | | SITE: | | | | | |
| DAY | DATE | START | FINISH | BREAKS | TOTAL | Daily Authoriser Initials | NORMAL | Tx 1/2 | T×2 | T2x 1/2 | |
| Monday | | | | | | | | | | | |
| Role: | | | | | | | | | | | |
| Tuesday Role: | | | | | | | | | | | |
| Wednesday Role: | | | | | | | | | | | |
| Thursday Role: | | | | | | | | | | | |
| Friday Role: | | | | | | | | | | | |
| Saturday Role: | | | | | | | | | | | |
| Sunday Role: | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |
| | | | | | | | Above se | ction fo | r office | use only | |
| ALLOWANCES (ex: LAFHA, site allowance, travel, etc) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Important note : It is the employee's responsibility to fill out the hours worked on the timesheet and to ensure the time sheet is approved by his/her supervisor and; faxed/ emailed back to Makibe Australia Pty Ltd by 12pm on the Monday of the following week. | | | | | | | | | | | |
| Authoriser Approval: I accept the above hours as services rendered and agree to accept and pay any invoice in respect of these services as the agreed rate, and to abide and accept the Terms and Conditions | | | | | | | | | | | |
| Contractor Signature: | | | | | | Authoriser Name: | | | | | |
| Authoriser Signature: | er e: | | | | | Authoriser Title: | | | | | |
| Date// | | | | | | | | | | | |

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