



**Brisbane**  
Fax: 07 3847 3731

**Yatala**  
07 3807 0588

**Mackay**  
Fax 07 4953 2150

**Townsville**  
07 4723 6522

**Wollongong**  
02 4225 8800

**Newcastle**  
02 4944 2053

**Melbourne**  
03 9399 9823

**Adelaide**  
08 8260 7236

**Perth**  
08 9277 8471

**Rockingham**  
08 9592 1044

**South Perth**  
08 9474 6497

# TIMESHEET

Company Name \_\_\_\_\_

Week Ending \_\_\_\_\_

Fax Number \_\_\_\_\_

Contractor's Name							FAX OR DELIVER TIMESHEET TO ATS BY 10AM ON MONDAY MORNING				
Day	Date	Start Time	Finish Time	Ordinary	Time & Half	Double Time	First Rate Hours	Allow	Job Code / Purchase Order	Hours	Comments
Mon											
Tues											
Wed											
Thur											
Fri											
Sat											
Sun											
Total											

Contractor's Name							FAX OR DELIVER TIMESHEET TO ATS BY 10AM ON MONDAY MORNING				
Day	Date	Start Time	Finish Time	Ordinary	Time & Half	Double Time	First Rate Hours	Allow	Job Code / Purchase Order	Hours	Comments
Mon											
Tues											
Wed											
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Fri											
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Contractor's Name							FAX OR DELIVER TIMESHEET TO ATS BY 10AM ON MONDAY MORNING				
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Mon											
Tues											
Wed											
Thur											
Fri											
Sat											
Sun											
Total											

By signing this timesheet you are authorising ATS to invoice your company these exact hours & pay accordingly. Any alteration must be notified in writing to Head Office within 24 hours of signing this timesheet.

Authorised Person <i>Print Name</i>	Signature	Date
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