

# Timesheet



Person Receiving Funding\*

Agent's Name

Employees Name\*

Fortnight Ending\*  Client Code\*

Day	Date	Total worked and leave hours				
		PC	HM	Night	Respite	Other
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
	TOTAL HOURS					

Day	Date	Total worked and leave hours				
		PC	HM	Night	Respite	Other
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
	TOTAL HOURS					

Category	PC	HM	Night	Respite	Other
Grand Total - Fortnight					

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Date	Name of Person or Organisation (check if respite)	Address	Phone	DOB	Total Hours	Amount
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
Date	Pay expense to	Details of expenses				Amount
TOTAL CLAIMED EXPENSES						
<b>Declaration by worker:</b> I hereby verify that the hours on this timesheet were worked by me during the week shown above.			Signature		Date	
<b>Declaration by person receiving funding or their agent</b> I accept that: I am fully responsible for the management of my Personal Budget. I confirm, in relation to this claim for payment, that: the above information is a true and accurate record of the services/supports provided and or/expenses incurred, I have complied with all of my Responsibilities in the Standard Agreement Declaration - Service Agreement, all services/supports/expenses for which I have claimed payment have been incurred or accrued by me as at the date of this claim, and I have made, and will retain, full records supporting this claim. I will make these records available for audit on request.			Signature		Date	

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