



ERA Personnel (a division of ER & Associates Pty Limited)

1/24 Ross Street
 (PO Box 2253)
 North Parramatta NSW 2151
 ACN: 096 578 111
 ABN: 91 096 578 111

Phone: +61 02 9890 8144
Fax: +61 02 9890 8244
Email: contactus@erapersonnel.com.au
Website: www.erapersonnel.com.au

Customer Timesheet

Week Ending: _____

Temporary Employee: _____

Signed: _____

Company/Customer Name:						Customer Order No:			ERA Project No: P				
Assignment:													
Day	Date	Start Time	Lunch Break	Finish Time	Total Hours (normal)	Overtime Start Time	Meal Break	Overtime Finish Time	Total Hrs (x1.5)	Total Hrs (x2.0)	Total Hrs (x2.5)	Stand By (Hours)	
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													
Sunday													
<i>Expenses: Complete details over page</i>					TOTAL		TOTALS						

Customer Authorisation (The details above are correct)

Name: _____ Signature: _____

Position: _____

Comments: _____

Note: Please ensure that all columns are completed (strike through if not applicable).

Days absent: _____

Reason: _____

Office Use Only

Date Received: _____ Payroll Check

Date Processed: _____ Invoiced

Total Hours: Normal x1.5 x2.0 x2.5

Standby Hours: _____



PLEASE NOTE TIMESHEETS ARE TO BE SUBMITTED NO LATER THAN 9.30AM EVERY TUESDAY
 Doc No: ERAF403 Customer Timesheet



Customer Reimbursable Expenses

please attach copies of receipts

Travel Expenses

Temporary Employee: _____.

Date	Description/Type	Calculation Method/Cost	Total (\$)
Total Claim (\$)			

Other Expenses

Date	Description/Type	Calculation Method/Cost	Total (\$)
Total Claim (\$)			

Customer Authorisation (The details above are correct)

Name: _____

Position: _____

Signature: _____

Note: Please ensure that all columns are completed (strike through if not applicable).

Office Use Only

Date Received: _____ Payroll Check

Date Processed: _____ Invoiced

Total Claim (\$): _____