



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

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 Bankstown Aerodrome NSW 2198
Postal Address
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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												
Expenses: Complete details over page					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



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 (\$):