

# CORPORATE TIMESHEET



Please tick appropriate box:

ASF TO BE DEDUCTED \$ \_\_\_\_  
 ONE OFF   
 VOUCHER

CORPORATE CLIENT   
 SPASTIC CENTRE OF SA   
 CARER SUPPORT AND RESPITE

DOMESTIC       ADULT CARE       CHILDCARE

PLEASE NOTE: ONE TIMESHEET TO BE COMPLETED FOR EACH CLIENT  
 Remember to include all receipts for authorised expenses (eg outings, lunches etc)

Must be received by your coordinator no later than 10.00am Monday payday: Phone: (08) 8267 3700

ANGEL'S FULL NAME: \_\_\_\_\_

CLIENT'S FULL NAME: \_\_\_\_\_

**Week 1**

Day	Date	Start Time	Finish Time	Hours Worked	Angel Equipment expenses etc	Kms Approved	Client Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

**Week 2**

Day	Date	Start Time	Finish Time	Hours Worked	Angel Equipment expenses etc	Kms Approved	Client Signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

TOTAL HOURS WORKED: \_\_\_\_\_

Angel's signature: \_\_\_\_\_

Angels are to send the completed time sheet to:

**FAX: (08) 8267 3733**  
 Or mail/deliver to DIAL-AN-ANGEL ADELAIDE  
 "Angel House" 78 Melbourne Street, NORTH ADELAIDE SA 5006