



TIME SHEET

NAME OF DOCTOR: _____

DATE: _____

LOCATION	DATE	TIME RANGES WORKED <i>(excluding non-paid breaks)</i>		TOTAL HOURS WORKED	HOURLY RATE (\$)
		FROM	TO		

Change of Details
(if applicable)

Address:

Banking
New Account No:

BSB:

Account Name:

Superannuation
Name of new fund:

Membership No.:

Authorised Person: _____

Signed: _____

(Must be completed for any hours worked additional to those confirmed)

Payment for services rendered should be made within fourteen days.

Fax to 08 8363 7657 – Adelaide or 07 3899 7899 - Brisbane