

Contractor's Name _____ (Sign) _____
 Assignment No. _____ Approved by Client (Sign & Company Chop) _____
 Client Company _____ Client Name and Position _____

*By approving this time sheet, the Client confirms the hours shown are correct and will accept the Company's invoice for the hours in accordance with the Company's Terms of Business.

Month :	Start	Finish	Total Hours	Less Breaks	Overtime Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Days/Hours Payable					

Please fax timesheet by the LAST WORKING DAY OF THE MONTH to JUN LIM at (65) 6854 5650