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Name: _____ REGO _____ **TIME SHEET**

Address: _____

Phone No: _____ Week Ending: _____

Date	Work Hours	Travel/Service Time *	Overtime	Job	Docket number
Sub Total					
Held hours					
Total Office use only					

Living Away Allowance

HOURS ON MACHINE		
TIME SHEETS REQUIRED		
DOCKET BOOK REQUIRED		
PROBLEMS/DAMAGE REPORTS		
SERVICE REQUIRED		
ATTACHMENTS WITH MACHINE		

*** Daily Travel /Service allowance of 1 hr applies for all Brisbane Metropolitan sites. Additional allowance will be paid when working out of Metro zone.**