

<b>Name of IF Manager:</b> <small>(name of person receiving funding)</small>	<b>Name of Agent (if applicable):</b>
<b>Name of Employee:</b>	<b>Fortnight Ending Date:</b>

PLEASE NOTE IF YOUR WORKER HAS TAKEN ANY LEAVE (ANNUAL, SICK OR STATUTORY DAY), YOU MUST COMPLETE A LEAVE FORM AND SEND IT IN WITH THIS TIMESHEET.

Week 1	DATE	TOTAL WORKED AND LEAVE HOURS					TOTAL HRS:
		PC	HM	Night	Respite	Others	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
	TOTAL HRS:						

Week 2	DATE	TOTAL WORKED AND LEAVE HOURS					TOTAL HRS:
		PC	HM	Night	Respite	Others	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
	TOTAL HRS:						

<b>Category</b>	<b>PC</b>	<b>HM</b>	<b>Night</b>	<b>Respite</b>	<b>MSD</b>
<b>GRAND TOTAL - FORTNIGHT</b>					

PLEASE KEEP ALL RECEIPTS FOR EXPENSES/CLAIMS and ACCURATE RECORDS FOR NON PAYROLL CONTRACT STAFF EXPENSES.

DATE	Full name of person/ organisation providing support (specify if respite)	Address and phone number	Date of Birth	Hours worked	AMOUNT
DATE	Pay expense to	Details of expense			AMOUNT
<b>TOTAL CLAIMED EXPENSES</b>					<b>\$</b>

<b>Declaration by worker:</b> I hereby verify that the hours on this timesheet were worked by me during the week shown above.	Signed: _____ Date: _____
<b>Declaration by IF Manager (or Agent):</b> I accept that: I am fully responsible for the management of my Personal Budget. I confirm, in relation to this claim for payment, that: the above information is a true and accurate record of the services/supports provided and or/expenses incurred, I have complied with all of my Responsibilities in the Standard Agreement Declaration – Service Agreement, all services/supports/expenses for which I have claimed payment have been incurred or accrued by me as at the date of this claim, and I have made, and will retain, full records supporting this claim. I will make these records available for audit on request.	Signed: _____ Date: _____