



# Gnomic Exploration Services

# Timesheet

ABN: 22 133 864 589

Mineral Exploration - Evaluation & Management

by 9am Monday PLEASE!

Email: [gnomic@gnomic.com.au](mailto:gnomic@gnomic.com.au)

Fax: 07 4721 2231

Name: \_\_\_\_\_  
 Month/s: \_\_\_\_\_  
 Client: \_\_\_\_\_  
 Position \_\_\_\_\_

No. Days worked (to be paid): \_\_\_\_\_  
 No. Travel Days (to be paid): \_\_\_\_\_  
 Allowances (no. days or KM): \_\_\_\_\_  
 Expenses Owed \$ \_\_\_\_\_

Use hours if paid hourly rate. Inc. part days / hrs  
 Inc. part days / hrs  
 Pls attach expense form & copies of receipts

(eg.Mon) Day	Date	Description	Type (work / travel / sick)	Hrs	Client Code
	1st				
	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				

Employee Signature \_\_\_\_\_ Approved (Client Representative) \_\_\_\_\_