

Your Name _____

Month _____

STUDENT (JOB) NAME _____

Your ABN _____

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	Date	Start Time	Finish Time	Lesson Length	Authorising Person	Authorisation Signature
	(dd : mm : yy)	(hh : mm)	(hh : mm)	(hh : mm)	(Christian : Surname)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total Job Time

Client's Certificate: It is hereby certified that the above hours are correct, and the work was performed in a satisfactory manner. ALSO, it is hereby acknowledged that I have received and both, understood and agree to be bound by, the terms and conditions under which the service is being provided.