FILEforce

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FORTNIGHTLY CLAIM SUMMARY

Revision May 2005

FILEforce OFFICER

GROUP

FORTNIGHTLY SUMMARY OF WORK PERFORMED

(6 Mins = 1/10 hour or 0.1 hours)

Client Code 1	Week Number 2	Task 3	TOTAL Charge-able Hours 4		Filing Friend 5		Team 6		Data Entry or Team Leader 7		Office Friend 8	
TOTAL HOURS												

Consumables used on task to be charged to client			OFFICE USE ONLY			
Client and Item	*Quantity*	*Price if known*	*Travel Claim over 100 Km*		*Kms*	

I CERTIFY THE CORRECTNESS OF THE ABOVE - EMPLOYEE SIGNATURE

DATE / /

NOTICE TO ALL FILEforce STAFF

It is the employees responsibility to complete and forward this claim form with originals of time sheets & expenses to FILEforce at the completion of work each alternate FRIDAY, as shown in the current employee handbook. Direct deposits of wages are processed the following Tuesday.

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