		SOH501845-0001
TIN	A E S H E T	Date received stamp:
FOR COMPLETION BY BANK MEMBER		
Please complete one timesheet for each ward worked using black pen ar	nd block capitals as per example. Altered/amended shifts will be rejected.	Send to: NHS Professionals Berrywood Business Village
Forename(s): LYNNDENISE		Tollbar Way, Hedge End Southampton, SO30 2UN Professionals
Surname: PHICCIPS		For payroll queries call: 02380 748313 03
Payroll number: 618001	If you hold a substantive post in a NHS organisation please state your contracted hours	Copies: WHITE/NHS Professionals - GREEN/Bank Member - BLUE/Trust/Ward It is recommended best financial practice for the Authorisor to send the White Copy to NHS Professionals
Trust: FIG PCT		FOR COMPLETION BY THE AUTHORISED WARD/DEPARTMENT SIGNATORY
Hospital/Location:		I am an authorised signatory for my ward/department. I declare that the grade and shift(s) that I have authorised are accurate and I approve payment. I understand that if I give false information
Ward/Dept: DRYAD		on this form action may be taken against me.
Booking reference Shift date	Shift start time (24 hours)Shift end time (24 hours)Less total break time (hours:minutes)Total hours worked (hours:minutes)	Grade Worked Initial(s) and surname of Authoriser
9900123110/06/04	0900183001200810	ABBROWN
Example	Total hours worked in long hand EIGHT HOURS AND TEN MINUTES	Authorised Jane Brown Date I 0 0 6 0 4
1299329 29/05/05	07:30 13:30 00:00 06:00	
	Total hours worked	Authorised Code A Date 1010
	in long hand	
	Total hours worked in long hand	Authorised Signature Date
	Total hours worked in long hand	Authorised Signature Date / /
	Total hours worked in long hand	Authorised Signature Date / /
	Total hours worked in long hand	Authorised Signature Date / /
	Total hours worked in long hand	Authorised Signature Date / /
I declare that the information I have given on this form is correct and comp	plete. I understand that if I provide false information this may result in	Additi
disciplinary action and I may be liable for prosecution and civil recovery pro on this timesheet. I consent to this being used for enquiries in relation to the	oceedings. I have not claimed elsewhere for the hours/shifts detailed	Autho Signat Code A
Bank Member Signature:	Date:	Any question and the strength of the strength
Signature: Code A		NHS Fraud Reporting Line on 08702 400 100