

Time Sheet

No. F 60874



Please use a separate Time Sheet for each client. Write in ballpoint using block capitals.

Branch number

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Checked by

First name(s) | Ruth

Surname | FORD

Payroll number | M F 1119

Client name | Dryad

Unit/Department | [Redacted]

Address | GOSPORT WAR MEMORIAL HOSPITAL

Post code | [Redacted]

Assignment Grade | [Redacted]

BUPA client number | [Redacted]

Member/Locum signature

Code A

Date | 210505

This time sheet must be completed each week.
 The top, blue and green copies must be sent to the branch by first class post, as soon as your work for the week is completed and in any event no later than Tuesday.
 Doctors 9.00am
 Nurses 12.00 noon
 Failure will result in a delay of payment of fees.

Date	Use 24 hr clock		Break taken	Actual Hours worked		On Call hours	Client signature
	Start time	Finish time		Day	Night		
MON	/	/	/	/	/	/	/
BOOKING REFERENCE							
TUE	/	/	/	/	/	/	/
BOOKING REFERENCE							
WED	/	/	/	/	/	/	/
BOOKING REFERENCE							
THU	/	/	/	/	/	/	/
BOOKING REFERENCE							
FRI	/	/	/	/	/	/	/
BOOKING REFERENCE							
SAT	<u>7:30</u>	<u>15:00</u>					<u>[Signature]</u>
BOOKING REFERENCE	<u>1288214 / 1288214 1288214</u>						
SUN	/	/	/	/	/	/	/
BOOKING REFERENCE							
Total hrs	Multiple	Hours Worked (in words) <u>SEVEN HRS THIRTY MINS</u>					
Weekday		Name of authorised signatory <u>[Signature]</u>					
Weekend		Signed _____					
		Designation _____					
		Dated _____					

I hereby certify that the hours shown are correct and that the work performed was satisfactory and I understand that you will invoice me for this within the next fourteen days. I also confirm my acceptance of the terms and conditions of business, a copy of which I have received.

Pay/charge instructions (Branch use only)