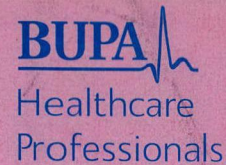


# Time Sheet

No. F 86776



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

Branch number

Checked by

First name(s)

**Code A**

Surname

Payroll number

Client name

Unit/Department

Address

Post code

Assignment Grade

BUPA client number

Member/Locum signature

**Code A**

Date

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 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							
BOOKING REFERENCE							
SUN	20	15	07		10		
BOOKING REFERENCE	227939						
Total hrs	Multiple	Hours Worked (in words) TEN					
Weekday		Name of authorised signatory CHAIKE MCKINLAY					
Weekend		Signed <b>Code A</b>					
		Designation EN(G)					
		Dated 25/4/05					

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)