SOH501900-0001

Time Sheet

No. F 85140

BUPA Healthcare Professionals

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

Branch number						<		
		Use 24 hr clock			Actual Hours worked			
First name(s)	Date	Start	Finish	Break taken	Day	Night	On Call hours	Client signature
		time	time	lakeli			nouis	Signature
Surname BELL	MON	aller K	11		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1	1
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Payroll number	BOOKING			- /		1		- Alert
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Member/Locum signature	Vin	V156	y ue			1. F.Y.	XC	
Code A	BOOKING		162	1.17	+ 4	***	Mr.	Marria
	REFERENCE	110	4-0-2			and the second		
Date 01000							4	
This time sheet must be completed each week. The top, blue and green copies must be sent to the branch by first class	BOOKING REFERENCE						and	
post, as soon as your work for the week is completed and in any event nulater than Tuesday.	SUN				and the second			
Doctors 9.00am								
Nurses 12.00 noon Failure will result in a delay of payment of fees.	BOOKING REFERENCE							
			Hours Work	red (in wo	rds)		No.	1.20
	Total hrs	Multiple	Multiple Name of authorised signatory					
	Weekday -	-	Signed_		6	ode	Λ	
	Weekend		Designa			JUC		
	Weekend		Dated					
I hereby certify that the hours shown are correct and that the work p	performed was	satisfactory a	nd I understan	d that you	will invoic	e me for th	is within the	next fourteen days.
I also confirm my acceptance of the terms and conditions of busi	ness, a copy of	which I have	received.		Re La Se	E. F.Y		
Pay/charge instructions (Branch use only)		-	2					
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Top copy: Accounts copy Blue copy: Confirmation copy Green copy: Branch copy Pink copy: Client copy Yellow copy: Member/Locum copy © BUPA Healthcare Professionals HTIME 4/02