

# Time Sheet

No. F **85140**



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

Branch number 

--	--	--	--	--

  
Checked by 

--	--	--	--	--

First name(s) | **MARTIA**  
Surname | **BELL**  
Payroll number | **MB354**  
Client name | **Whit Memorial**  
Unit/Department | **Diyad**  
Address | **Bung Road**  
**Goport**  
Post code |   
Assignment Grade |   
BUPA client number | 

--	--	--	--	--	--	--	--	--	--

Member/Locum signature  
**Code A**  
Date | **10/10/05**

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	07:30	09:40					
BOOKING REFERENCE 1184850							
SAT							
BOOKING REFERENCE							
SUN							
BOOKING REFERENCE							
Total hrs	Multiple	Hours Worked (in words) _____					
Weekday		Name of authorised signatory _____					
Weekend		Signed <b>Code A</b>					
		Designated _____					
		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)