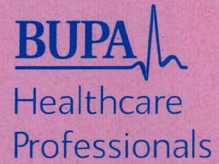


# Time Sheet

No. F 85071



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 **N**

Payroll number **M|H|3|0|7**

Client name **DRYAD**

Unit/Department **STROKE**

Address **COSPORT WAR MEMORIAL HOSPITAL**

Post code

Assignment Grade **AUX**

BUPA client number

Member/Locum signature **Code A**

Date **3|0|0|3|0|5**

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  
 Late submissions 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	07:30	13:30	-	6			/
BOOKING REFERENCE	1182028						
THU							/
BOOKING REFERENCE							
FRI							/
BOOKING REFERENCE							
SAT							/
BOOKING REFERENCE							
SUN							/
BOOKING REFERENCE							
Total hrs	Multiple	Hours Worked (in words) <b>SIX HOURS</b>					
Weekday	<b>6</b>	Name of authorised signatory <b>Code A</b>					
Weekend		Signed <b>Code A</b>					
		Designation <b>Stroke Nurse</b>					
		Dated <b>03/05</b>					

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)