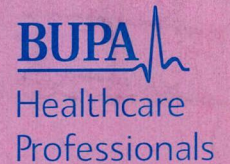


Time Sheet

No. F 60876



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

Branch number

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 Checked by

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First name(s) **Code A**
 Surname **Code A**
 Payroll number MD11911

Client name GWMH
 Unit/Department Dryad Wd.
 Address BUNY Rd
 Gosport
 Hants Post code
 Assignment Grade HCSW - A
 BUPA client number

Member/Locum signature **Code A**
 Date 21/03/05

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 21/3/05	2015	2300	-		2 3/4		Code A
BOOKING REFERENCE 1157536							
TUE							
BOOKING REFERENCE							
WED							
BOOKING REFERENCE							
THU							
BOOKING REFERENCE							
FRI							
BOOKING REFERENCE							
SAT							
BOOKING REFERENCE							
SUN							
BOOKING REFERENCE							
Total hrs	Multiple	Hours Worked (in words) Two + Three quarters					
Weekday	23/4	Name of authorised signatory JISHA JOSE					
Weekend		Signed Code A					
		Designation Staff Nurse					
		Dated 21/3/05					

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)