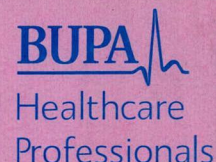


Time Sheet

No. F 63084



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 | 111101312

Client name | GOGIORT WARMENOLIA
 Unit/Department | DRYAD
 Address | BURK ROAD
 GUSPURT
 HANTS Post code |
 Assignment Grade | AUX
 BUPA client number |

Member/Locum signature | **Code A**
 Date | 11/3 01/05

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
 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	05	07:30	12:30	-	6			
BOOKING REFERENCE 1066832								
Total hrs	Multiple	Hours Worked (in words) SIX						
Weekday		Name of authorised signatory DENNIS E ROBINSON						
Weekend	6	Signed Code A						
		Designation RGN						
		Dated 13/2/05						

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)