NATIONAL HQ: Thornbury House, 7-9 Whiteladies Road, Clifton, Bristol BS8 1NN

PAYROLL LINE: 0845 120 5333 CREDIT CONTROL: 0845 120 5335 FAX: 0117 923 9229

CALL CENTRE: 0845 120 5305

Thornbury Nursing Services Ltd. Company Number 0444 2573



E-MAIL: payroll@tnsltd.com

Licensed by Commission for Social Care Inspe

TIME SHEET

NO VAT

No. 547710

Name and Address of Client COSPORT WAR MEMORIAL HOSPITAL GOSPORT Ward or Unit CULTAN WAR D Name of Nurse Code A			Quals. Worked RGN RSCN RMN/RNMH MIDWIFE EMN/ENMH E/N	(Tick Below) Please tick (Excellent Very Good Good Average Below Averau If you would regarding the Name:	Please tick () Excellent Very Good Good Average Below Average If you would like us to contact you regarding the above please tick Name:		Client Initial here if booked at specialist rates Client Signature Code A PRINTED NAME. Date The work described below has been carried out to my satisfaction. Start time and finish time were as noted below. Expenses		
TNS Nurse Number			AUX ON CALL	Contact No.:	Contact No.: NIGHT SITTER			First part of Postcode from which journey started	
SUNDAY	DATE 26/5/05	START TIME 24hr clock	FINISH TIME 24hr clock	BREAK (MINS)	FOR OFFICE B P1	USE ONLY P2	BH	PLEASE NOTE: - BREAKS Unless otherwise stated on this timesheet, for shifts up to 6 hours in length no break is deducted. For shifts of 6-6½hrs, 15 minutes. For shifts 6½-9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr,	
NOTES NURSES: All tim	ust be returned to	Nurse's Sign	ature		Or as agreed between Agency and Client. Code A				

NMC PIN