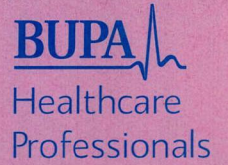


Time Sheet

No. F **86979**



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) | RUTH
 Surname | LEAO
 Payroll number | M E 1 1 1 9

Client name |
 Unit/Department | DRYAD
 Address | GOSPORT WAR MEMORIAL HOSPITAL
 Post code |
 Assignment Grade |
 BUPA client number |

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Member/Locum signature
Code A
 Date | 26 06 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.
 Starts 9.00am
 Ends 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	<u>07:30</u>	<u>13:30</u>					
BOOKING REFERENCE	<u>1363775</u>						
Total hrs	Multiple	Hours Worked (in words) <u>Six HRS</u>					
Weekday		Name of authorised signatory <u>C. LEAO</u>					
Weekend	<u>6</u>	Signed Code A					
		Designation <u>DR</u>					
		Dated <u>26.6.05</u>					

Code A

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)