

Time Sheet

No. G 05427



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	FORD
Payroll number	M F 1 1 9

Client name	
Unit/Department	DRYAD UN20
Address	G.W.M.H.
Post code	
Assignment Grade	1
Advantage Healthcare Group Ltd client number	

Member/Locum signature	Code A
Date	24 06 05

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	07	13	30	13	30		
BOOKING REFERENCE	1357689						
SAT	/	/	/	/	/	/	/
BOOKING REFERENCE							
SUN	/	/	/	/	/	/	/
BOOKING REFERENCE							
Total hrs	Multiple	Hours Worked (in words) Six hrs					
Weekday		Name of authorised signatory					
Weekend		Signed					
		Designation					
		Dated					

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)