Time Sheet

No. G 05427



Please use a separate time sheet for each client. Write in ballpoint using block capitals.

| Branch number Checked by | | | | | | | | |
|---|---------------------------------|-------------------|----------------------------------|----------------|------------------------|-------------|------------------|-----------------------|
| F: () 10 | | Use 24 hr clock | | | Actual Hours worked | | | |
| First name(s) Kut 1+ | Date | Start time | Finish time | Break taken | Day | Night | On Call hours | Client signature |
| Surname TORO | MON | | | | | | | |
| Payroll number MF1119 | | |) | | | | | |
| | BOOKING REFERENCE | | | | | | | |
| Client name | TUE | 1 | * | / | | | | |
| Unit/Department 1840 Un20 | BOOKING | | * / | X | / | | | |
| ridress (M . H . | WED | | (a) | 1 | | / | | |
| | | | | | / | | | |
| Post code | BOOKING REFERENCE | / | / | | / | | | |
| Assignment Grade | THU | /1. | /1 | / | | - / | | |
| Advantage Healthcare Group Ltd | BOOKING | 1/ | | | | 1 | | |
| client number | REFERENCE | 07.20 | 12.21 | | | | | |
| The recent of the state of the | 146 | of Do | 10 00 | de Aus | - But | 6 | | |
| Member/Locum signature Code A | BOOKING REFERENCE | | | | | | | |
| Odde A | SAT | | | | 7 | | | |
| Date 2 4 0 6 0 5 | | | | 1 | | | | |
| This time sheet must be completed each week. | BOOKING REFERENCE | | 19/ | 1 | | | | |
| 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 | SUN | | 7 | | 1 | 7 | | |
| ter than Tuesday. Doctors 9.00am | BOOKING | | | | | | | |
| Nurses 12.00 noon Failure will result in a delay of payment of fees. | REFERENCE | | Multiple Hours Worked (in words) | | | | | |
| | Total hrs | Multiple | Name of authorised signatory | | | | | |
| | Weekday | | Signed | | | | | |
| | Weekend | Designation Dated | | | | | | |
| I hereby certify that the hours shown are correct and that the work p I also confirm my acceptance of the terms and conditions of busin | erformed was ness, a copy of | satisfactory ar | nd I understar received. | nd that you | will invoic | e me for th | is within the | e next fourteen days. |
| Pay/charge instructions (Branch use only) | | | | | | | 1 | |