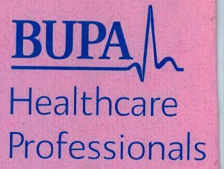


Time Sheet

No. F 46060



Please use a separate Time Sheet for each client. Write in ballpoint using block capitals.

Branch number

Checked by

First name(s) | **Code A**

Surname | **Code A**

Payroll number | M H 3 0 7

Client name | DRYAD

Unit/Department | STROKE REHAB

Address | GOSPORT WAR
MEMORIAL HOSPITAL

Post code |

Assignment Grade | ALIX

BUPA client number |

Member/Locum signature

Code A

Date | 0 4 0 6 0 5

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
 Nurses 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	0730	1330	-	6			
BOOKING REFERENCE	1313	781					
SUN							
BOOKING REFERENCE							

Total hrs | Multiple | Hours Worked (in words) | SIX HOURS

Weekday | / | Name of authorised signatory | SUNITHA THOMAS

Weekend | 6 | Signed | **Code A**

Designation | SN

Dated | 4-6-05

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)