SOH502055-0001

CREDIT CONTROL: 0845 120 5335 NUI	HORNBURY sing Services MAIL: payroll@tnsltd.com	License Commission for Social VAT EX NO V	
Name and Address of Client		nment on the overall performance se during the shift	Client Initial here if booked
GOSPORT WAR	Worked (Below) Please tick	The second s	Client Signature Code A
HOSBETAL	RSCN Excellent		A THORN
Ward or Unit	RMN/RNMH Good		PRINTED NAME
DAEDALUS Garl	Average		Date 9/3/33
Name of Nurse		Id like us to contact you	The work described below has been carried out to my satisfaction. Start time and finish time were as noted below.
Judy Decison	E/N Name:	the above please tick 🔲	Expenses 9/2 + + + + + + + + + + + + + + + + + + +
TNS Nurse Number	AUX Contact N	p:	miles
75621	ON CALL NIGHT S	ITTER	First part of Postcode from which journey started
	INISH TIME 24hr clock BREAK (MINS)	FOR OFFICE USE ONL	RH PLEASE NUIE DICANS
SAT 28/5/5 1200/20	2040 30 mini-		Unless otherwise stated on this timesheet, for shifts up to 6 hours in length no break is deducted. For shifts of 6-6¼hrs, 15 minutes. For shifts 6½-9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr.
NOTES the fait of on toilet Or as agreed between Agency and Client.			
NURSES: All timesheets for the week ending Friday must b	e returned to the office by	Nurse's S	Code A
12 noon Monday. Top 2 copies to be returned to office, leave back copy with client.			
Thornbury Nursing Services Ltd. Company Number 04	44 25/3		a state of the second s