SOH502078-0001

## Time Sheet No. F 56272

BUP/ Healthcare Professionals

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

Branch number Checked by								
First name(s) NICOLA		Use 2	4 hr clock		Actual Hours worked			
	Date	Start time	Finish time	Break taken	Day	Night	On Call hours	Client signature
Surname GEDDES	MON							
Payroll number MG1132	BOOKING					Ţ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Client name GWM14	REFERENCE TUE							
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Post code	BOOKING REFERENCE						1	
Assignment Grade	THU .		-		1			1
BUPA client number	115-							
	BOOKING							14
Member/Locum signature	FRI					1	North Contraction	and the second second
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	BOOKING REFERENCE	the th		1	6- 1 IS	िर्देवे		
Date 249405	SAT	67130	1330	-	6			Ullalatra
This time sheet must be completed each week. The top, blue and green copies must be sent to the branch by first class	BOOKING	1001	2/1		*	-		
post, as soon as your work for the week is completed and in any event no later than Tuesday.	REFERENCE	1221	12.00		1	-		1.00
Doctors 9.00am Nurses 12.00 noon	21/14	21120	1300		6			Mittaba
Failure will result in a delay of payment of fees.	BOOKING REFERENCE	12212	169					
	Total hrs	Multiple	Hours Worked (in words)					
	Weekday		Name of authorised signatory N. LETLATSA Signed Code A					
	Weekend	Designation <u>AGN</u> Dated <u>24/04/05</u>						
I hereby certify that the hours shown are correct and that the work pe I also confirm my acceptance of the terms and conditions of busine	rformed was sa ess, a copy of v	atisfactory an which I have r	d I understand 1 received.	that you wil	ll invoice n	ne for this v	vithin the n	ext fourteen days.

Pay/charge instructions (Branch use only)

Top copy: Accounts copy Blue copy: Confirmation copy Green copy: Branch copy Pink copy: Client copy Yellow copy: Member/Locum copy © BUPA Healthcare Professionals HTIME 4/02