SOH502090-0001

Time Sheet

No. F 88427



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

First name(s)		Use 24 hr clock			Actual Hours worked				
First name(s) SENN	Date	Start time	1000	Finish time	Break taken	Day	Night	On Call hours	Client signature
Surname BLITH	MON								
Payroll number									
	BOOKING REFERENCE		E.						
Client name DRIAS WARD		1							
Unit/Department G. WMH	BOOKING								
Address ANNS HILL RD	- WED					ant of			A second
GOSPORT									
Post code	BOOKING REFERENCE			and its		N. HOLD			
Assignment Grade	THU				6.200				-
BUPA client number						14/11			
	BOOKING REFERENCE	2.5				A state	-		
Member/Locum signature	FRI 4/05	20	10	07	1/2		10	ſ	Code A
Code A	BOOKING REFERENCE	The second second	5	74118	5	and the second	1, 10		Coue F
	SAT					14			
This time sheet must be completed each week.		all a				7			
The top, blue and green copies must be sent to the branch by first clas post, as soon as your work for the week is completed and in any even	s BOOKING REFERENCE			2 ·		1			
ater than Tuesday.	SUN	1					and and a second		P4.
Nurses 12.00 noon Failure will result in a delay of payment of fees.	BOOKING			-					
	REFERENCE			TT TAT	1 (1		Z	21.	
	Total hrs	Multip	le	Hours Worked (in words) Name of authorised signatory					
	Weekday	Weekday		Signed Code A					
*	Weekend		Designation Dated			2.0	5.	1	100
I hereby certify that the hours shown are correct and that the work I also confirm my acceptance of the terms and conditions of bu	performed was siness, a copy of	satisfactor which I h	ry and nave r	d I understan eceived.	d that you	will invoi	ce me for th	is within th	e next fourteen days
Pay/charge instructions (Branch use only)						and a second			

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