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National Care Standards Commission

**TIME SHEET**

**VAT EXEMPT  
NO VAT**

No. **397955**

Name and Address of Client <i>GOSPORT WAR MEMORIAL HOSPITAL BURY ROAD GOSPORT</i>	Quals. Worked	(Tick Below)	Client Initial here if booked at specialist rates	Client Signature <b>Code A</b>
	RGN		PIN	
	RSCN		PIN	
Ward or Unit <i>DAEDALUS</i>	RMN		PIN	PRINTED NAME <i>T.B.J. LUMSDEN</i>
	RNMH		PIN	
Name of Nurse <b>Code A</b>	EMN		PIN	Date <i>28/3/15</i>
	E/N		PIN	The work described below has been carried out to my satisfaction. Start time and finish time were as noted below.
TNS Nurse Number <i>T2055</i>	NVQ			Expenses <i>58</i> miles
	AUX	<input checked="" type="checkbox"/>		Area in which Nurse lives <i>NORTH BADDESLEY HAMPSHIRE</i>

DAY	DATE	START TIME 24hr clock	FINISH TIME 24hr clock	BREAK (MINS)	FOR OFFICE USE ONLY			
					B	P <sub>1</sub>	P <sub>2</sub>	BH
<i>MONDAY 28/3/15</i>	<i>28/3/15</i>	<i>13:00</i>	<i>2030</i>	<i>30</i>				
NOTES					<b>PLEASE NOTE - BREAKS</b> For shifts up to 6 hours in length no break is deducted. For shifts of 6-6½hrs, 15 minutes. For shifts 6½-9hrs, 30 minutes. For night duty, and day shifts of more than 9hrs in length, 1 hr. Or as agreed between Agency and Client. All calculations to the nearest 5(five) minutes.			
Nurses: All timesheets for the week ending Friday must be returned to the office by 12 noon Monday. Top 2 copies to be returned to office, leave back copy with client.								

Nurse's Signature

**Code A**

Nurses: All timesheets for the week ending Friday must be returned to the office by 12 noon Monday. Top 2 copies to be returned to office, leave back copy with client.

Thornbury Nursing Services Ltd. Company Number 0444 2573