

NATIONAL HQ: Thornbury House,
7-9 Whiteladies Road, Clifton,
Bristol BS8 1NN

PAYROLL LINE: 0845 120 5333
CREDIT CONTROL: 0845 120 5335
FAX: 0117 923 9229
CALL CENTRE: 0845 120 5305

THORNBURY
Nursing Services
E-MAIL: payroll@tnsltd.com

Licensed by
Commission for Social Care Inspection

TIME SHEET

VAT EXEMPT
NO VAT

No. **519991**

Name and Address of Client <i>GOSPORT MEMORIAL HOSPITAL GOSPORT</i>		Quals. Worked	(Tick Below)	Client Initial here if booked at specialist rates	Client Signature: Code A				
Ward or Unit <i>DACORALUS</i>		RGN		PIN	PRINTED NAME: <i>F SHAW</i>				
		RSCN		PIN	Date: <i>8.2.05</i>				
		RMN/RNMH		PIN	The work described below has been carried out to my satisfaction. Start time and finish time were as noted below.				
Name of Nurse Code A		EMN/ENMH		PIN	Expenses				
TNS Nurse Number <i>T 2964</i>		E/N		PIN	<i>4.0</i> miles				
		AUX	<input checked="" type="checkbox"/>		Area from which journey started <i>SOUTHAMPTON</i>				
ON CALL				SITTER					
DAY	DATE	START TIME 24hr clock	FINISH TIME 24hr clock	BREAK (MINS)	FOR OFFICE USE ONLY				PLEASE NOTE: - BREAKS Unless otherwise stated on this timesheet, 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.
					B	P1	P2	BH	
<i>TUE</i>	<i>08/2/5</i>	<i>07:30</i>	<i>20:30</i>	<i>45-</i>					
NOTES					Nurse's Signature				
<p>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.</p> <p>Thornbury Nursing Services Ltd. Company Number 0444 2573</p>									