SOH502211-0001

## **Time Sheet**

## No. F 99714

BUPA Healthcare Professionals

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

First name(s) Code A		Use 24 hr clock			Actual Hours worked				
	Date	Start time	Finish time	Break taken	Day	Night	On Call hours	Client signature	
Surname Code A	MON	March		and the second				1717.2	
Payroll number		4		36.3			all have		
<u> </u>	BOOKING REFERENCE								
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Date 13000005	SAT	1	1						
his time sheet must be completed each week.					•				
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hereby certify that the hours shown are correct and that the wo			d Tdown	dthat you	will invoio	no mo for th	ic within th	e next fourteen day	
also confirm my acceptance of the terms and conditions of b	usiness, a copy of	f which I have	received.	lu mai you	will invoic	e me for a	is within th	ie next iour teen aug	
ay/charge instructions (Branch use only)	7			There is it is	for all fring for		1	7.3.1	

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