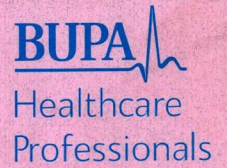


# Time Sheet

No. F 04285



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

Branch number 

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 Checked by 

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First name(s) | **Code A**  
**Code A**  
 Surname |  
 Payroll number | M K O 8 2  
 Client name | GOSPORT WAR MEMORIAL HOSPITAL  
 Unit/Department | DIED DALUS  
 Address | BURY ROAD GOSPORT  
 HANTS Post code |  
 Assignment Grade | DUX  
 BUPA client number |

Member/Locum signature  
**Code A**  
 Date | 16 OCT 05

This time sheet must be completed each week.  
 The top, blue and green copies must be sent to the branch by first class post, as soon as your work for the week is completed and in any event no later than Tuesday.  
 Doctors 9.00am  
 Nurses 12.00 noon  
 Late submission will result in a delay of payment of fees.

Date	Use 24 hr clock		Break taken	Actual Hours worked		On Call hours	Client signature
	Start time	Finish time		Day	Night		
MON							
BOOKING REFERENCE							
TUE							
BOOKING REFERENCE							
WED							
BOOKING REFERENCE							
THU							
BOOKING REFERENCE							
FRI							
BOOKING REFERENCE							
SAT							
BOOKING REFERENCE							
SUN	05	07	30	13	30		<b>Code A</b>
BOOKING REFERENCE	1015495						
Total hrs	Multiple	Hours Worked (in words) SIX					
Weekday	Name of authorised signatory A. B. J. LUMSDEN						
Weekend	Signed <b>Code A</b>						
	Designation						
	Dated 16/11/05						

I hereby certify that the hours shown are correct and that the work performed was satisfactory and I understand that you will invoice me for this within the next fourteen days.  
 I also confirm my acceptance of the terms and conditions of business, a copy of which I have received.

Pay/charge instructions (Branch use only)