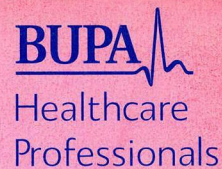


Time Sheet

No. E 17304



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**
 Surname | **Code A**
 Payroll number | M | D | 1 | 8 | 8

Client name | WAR MEMORIAL HOSPITAL
 Unit/Department | DADELACS
 Address | GOSPORT
 Post code |
 Assignment Grade | AUX
 BUPA client number |

Member/Locum signature
Code A
 Date | 1 | 6 | 0 | 7 | 0 | 4

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
 Failure 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							Code A
BOOKING REFERENCE	16/7/04 2015107145 10 599177						
SAT							
BOOKING REFERENCE							
SUN							
BOOKING REFERENCE							
Total hrs	Multiple	Hours Worked (in words) TEN					
Weekday		Name of authorised signatory N. LETLATA					
Weekend		Signed Code A					
		Designation					
		Dated 17/07/04					

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)