

(Block Capital)

CONTRACTOR NAME: _____

WEEK COMENCING	MON: / /200
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****NB. ALL TIMESHEETS MUST BE SIGNED DAILY****

FAX 0845 122 0413

HOSPITAL NAME: _____

Day	Date	Start Time	Finish Time	No. of hours	Less Break Time	Hours Payable	Please Tick		WARD/DEPT	Nurse In Charge		Qual. (e.g. RGN)	Grade: Per booking	REF NO.
							Day Shift	Night Shift		Signature	Name			
Mon														
Tue														
Wed														
Thur														
Fri														
Sat														
Sun														
TOTAL														

Please ensure that you use **BLOCK CAPITALS** in black ink and write clearly or we may not be able to pay your timesheet
 Timesheets, Expense Forms and other payroll documents can be printed from the Secure Area on our web site: www.nursing-personnel.co.uk

NURSE IN CHARGE NAME (print): _____

NURSE IN CHARGE SIGNATURE: _____

CONTRACTOR SIGNATURE: _____

NAME OF HOSPITAL (print): _____

Please Fax your time sheet on our **NEW FAX NUMBER 0845 122 0413** or post it to Nursing Personnel, Head Office, Great West House, Brentford, TW8 9DF

To ensure prompt payment signed timesheets need to be submitted to Accounts Dept, Head Office on **0845 122 0413** by 12pm Friday.