

Time sheet number

Please complete and return on a weekly basis with your time sheet. Failure to complete and return will result in lost payments.

| Date | Reason | From | To | Miles per day | Parking | Con. Charge |
|-------|--------|------|----|---------------|---------|-------------|
| Mon | | | | | | |
| Tues | | | | | | |
| Wed | | | | | | |
| Thurs | | | | | | |
| Fri | | | | | | |
| Sat | | | | | | |
| Sun | | | | | | |

Client signature Car cc Total miles = receipt required

Print name W/ending Dept/PCT Registration number

Nurses signature Print name

I declare that the insurance policy in respect on the motor vehicle used for these journeys provides cover while on official business and also declare that the miles shown are correct and true.

Office use only Tax week ex miles checked? YES/NO : NHS comp YES/NO

Notes: Total Hours box must be added to your time sheet and must be sent with your time sheet and signed by the client. Failure to complete and return your time sheet will result in lost payments.

Return by Tuesday 9.30 am with time sheet.

Please note - You must have the correct insurance for your vehicle while carrying out official business.