

PLEASE RETURN TO BRANCH

www.nursing2000.co.uk

Tel: 020 8769 1633
Fax: 020 8769 1733

**USE BLOCK CAPITALS AND COMPLETE ALL SECTIONS
CORRECTLY SEPERATING DAY AND NIGHT HOURS**

STAFF NAME
STAFF ADDRESS
QUALIFICATIONS
BOOKING NUMBER
DEPARTMENT/WARD

TIME SHEET
CLIENT NAME
CLIENT ADDRESS

**NB: TIMESHEETS MUST BE IN THE
OFFICE BY 9.30 am ON MONDAY OF
EACH WEEK FOR PAYMENT.**

	Date	Shift Time Worked		Hours Worked (Excluding Meal Breaks)						Reference Number	Grade	Office Use Only / PCT Cost Code
		From Hrs 00:00	To Hrs 00:00	Weekday Day	Weekday Night	Saturday Day	Sunday Day	Bank Holidays	Total Hours			
MON	/ /											
TUE	/ /											
WED	/ /											
THU	/ /											
FRI	/ /											
SAT	/ /											
SUN	/ /											
				TOTAL								

TO BE COMPLETED BY NURSE

I can confirm that the hours/grade that are entered above are true and correct. If it is found to be untrue, then I am liable to have to repay any monies, be suspended from Nursing 2000 Limited Group and may be prosecuted.

Signature Name (in caps) Position/Grade Date / /

TO BE COMPLETED BY THE CLIENT

We certify that the above named person worked the hours/sessions at the grade specified above and is due the travel expenses detailed, that his/her duties were carried out to an acceptable standard and that we have read and accepted your terms of business. We agree to pay any invoices raised as a result of this timesheet.

Total No. Worked (in words): Hours Sessions

Signature Name (in caps) Position/Grade Date / /

FOR OFFICE USE ONLY

BRANCH No.	WORKER No.	TRAVEL	£
BOOKING REF.	COST CODE	INV. No.	
CLIENT No.	WEEK No.	Financial Wk	
	ORDER No.	A/C AUTH	H/O AUTH

NURSING 2000 DO NOT ACCEPT FAXED COPIES OF TIME SHEETS

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White Copies: Nursing 2000 Yellow Copy: Retained by Client Blue Copy: Employee