



**TIMESHEET No 00001**

(Block Capital)

**CONTRACTOR NAME:** \_\_\_\_\_

WEEK COMENCING **MON:**     /     /20...

**\*\*NB. ALL TIMESHEETS MUST BE SIGNED DAILY\*\***

**FAX 0845 122 0413 / 1033**

**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														
<b>TOTAL</b>														

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. our web site: [nursing-personnel.co](http://nursing-personnel.co)

NURSE IN CHARGE SIGNATURE: \_\_\_\_\_ NURSE IN CHARGE PRINT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS in England for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

NAME OF HOSPITAL (print): \_\_\_\_\_

CONTRACTOR SIGNATURE: \_\_\_\_\_ CONTRACTOR PRINT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

As a contractor and by signing this timesheet I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS CFSMS for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist (within England) or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 (within England)\*

*To ensure prompt payment signed timesheets need to be submitted to Accounts Dept, Head Office on 0845 122 0413 by 08:00 am Friday. Nursing Personnel, Great West House, Brentford TW8 9DF*