

Fax Timesheet To: 020 8551 1700

Payroll Helpline: 020 8550 7711

SONOGRAPHERS medical

10a Highview Parade. Woodford Avenue. Ilford. Essex. IG4 5EP

staffing@sonographersmedical.co.uk

All entries must be made in black ink and block capitals. No correction fluid must be used on the timesheet

Any timesheet which is incomplete or illegible will result in the form being returned to you and a delay in payment. Any corrections or alterations made on the timesheet by the agency worker must be initialised by the authorised signatory. Before the timesheet is submitted for authorisation, any uncompleted boxes must be crossed through. Time of hours worked should be entered in the twenty-four hour format.

Forename <i>(Print)</i>	Client Name	
Surname <i>(Print)</i>	Department	
Staff Number	Client Address	
Booking Number	<i>(Address Continued)</i>	
Job Title & Grade	<i>(Address Continued)</i>	

	Date			Start Time		End Time		Total Break		Hours Worked		Hours Worked in Words	Authorised Signature	Name of Authoriser	Date																								
<i>example</i>	1	2	/	0	6	/	0	8	0	9	:	0	0	1	7	:	3	0	0	1	:	0	0	0	7	:	3	0	Seven hours, thirty minutes.	<i>John Jones</i>	<i>John Jones</i>	1	2	/	0	6	/	0	8
Monday			/			/					:					:					:																		
Tuesday			/			/					:					:					:																		
Wednesday			/			/					:					:					:																		
Thursday			/			/					:					:					:																		
Friday			/			/					:					:					:																		
Saturday			/			/					:					:					:																		
Sunday			/			/					:					:					:																		

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 for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

I am an authorised signatory for my ward/department/NHS body. I am signing below to confirm that both the grade of agency worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, detection and prosecution of fraud.

Locum Practitioner's Signature.	Date.

Total Hours worked in Figures and Words	Authorised Signature	Name of Authoriser	Date												
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Any questionable timesheet must be immediately brought to the attention of your Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting line on 08702400100	Job Title