

WEEKLY TIMESHEET

Candidate/Nurse Name	
Name of Ward/Department	
Reference Number	
Qualification/Post	
Hospital Name	
Address	
Telephone No.	

Details of Assignment

Day	Date	Start Time	Finish Time	Number of Hours	Breaktime	Time Worked	Band	Authorised by:
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
Email this timesheet to accounts@chsuk.net					Total Hours			

AUTHORISATION: We confirm that the hours and band shown on this timesheet have been worked out to our satisfaction and that this form the basis of an invoice which will be paid on receipt. We agree to be bound by the terms and conditions of business.		DECLARATION: I confirm I have worked the above hours. In addition, I declare that any travel and subsistence costs I have claimed have been necessarily incurred in the performance of my duties or travelling in order to perform my duties with Comfort Healthcare Services at a temporary workplace. I also declare that any laundry costs I have claimed have been incurred by me wholly, exclusively and necessarily in the performance of my duties.	
Authorised Signature:	Date:	Associate Signature :	
Print Name:	Position:	Associate Name:	