



TIMESHEET

Doctor:

Hospital:

Grade:

Speciality:

Job number:

Please decimalise the hours worked e.g. 8 hrs 30 min = 08.50

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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Date								
Start								
Finish								
Hours								

Total Hrs

Travel Expenses								
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Travel Details	All travel claims need to be accompanied by receipts.							
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I confirm that the hours claimed are correct. I confirm that while carrying out this assignment I will not exceed the maximum statutory number of hours as laid down by the department of health. Travel will only be paid if authorised by Fresh Recruitment Ltd at time of booking. Rail, Bus and tube are paid. Taxis are not paid. Mileage is calculated at 40p per mile.

Bank account details for first payment or if details have changed.

Bank		Account No.	
Branch		Sort Code	

Doctors Signature
Date

Authorising Signature
Print Name
Position
Date