



Tel: 0788 026 8940

Company Number: 16324019

This must be posted or handed in at the Head Office address(above) by 12pm on Monday in order to facilitate payment. Please press firmly with a black ballpoint pen.

Hospital / Home			
Address			
Telephone No			
Name of Ward		Type of Ward	
Candidate / Nurse Name		Reference Number	
Employee No		Qualification / Post	
		Week Ending (Sunday)	

Day rate and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client. Please check with your Meridian Healthcare Services Ltd. Please contact as to which shift pattern applies before accepting an assignment.

Days	Date	Start Time	Finish Time	Number of Hours	Break Time	Time Woked	Grade / Type	Booking Ref. Number	Authorised By
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									
Total Hrs									

You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800028 4060. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line.

### Approved Signatory

I agree to the above named person(s) worked hours shown above and by signing the timesheet we agree to pay your account in accordance with your terms of business. I understand that a further copy of your terms of business is available on request. I am an authorised signatory for this Customer. I am

signing below to confirm that both the pay point and the hours/days 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 Customer 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.

Signed by \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Total Pay Hours in Words (Excluding Breaks) \_\_\_\_\_

### Candidate Working

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/days 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 the civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer 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.

Signed by \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_