



**WEEKLY TIMESHEET**

**Adriel Care Limited, First Floor, 431 Ashley Road, Parkstone, BH14 0AX**

**Staff Name** ----- **Grade**----- **Hospital Name**----- **Ward** -----

DAY	DATE	Start Time	Finish Time	Less Break Time	Hours payable	Day Shift	Night Shift	signature	Name	REF No.	RETURN MILEAGE
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
<b>Saturday</b>											
<b>Sunday</b>											
<b>TOTAL</b>										TOTAL MILEAGE	

Ensure that you use BLOCK CAPITALS in black ink and write clearly or we may not be able to pay your timesheet One copy to be left with the client.

NURSE IN CHARGE SIGNATURE-----

NURSE IN CHARGE 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

*To ensure prompt payment signed timesheets need to be submitted to Accounts Dept, 08448000227by 12pm Monday. **Adriel Care Ltd, 431 Ashley Road, Poole, BH14 0AX***