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NHS TEMPORARY STAFF WEEKLY TIMESHEET

NHS Paypoint	Order / Ref No.	Temporary Worker's Name	
Company Address		Department / Location	Week Ending Friday

Please complete and return this timesheet to our Head Office before 11am Monday
Cheshire House Mews, 8 Church Hill, Knutsford, Cheshire WA16 6DH. Fax: 01565653206

	EXAMPLE	MON	TUES	WEDS	THURS	FRI	SAT	SUN	TOTAL HOURS
Start Time	9.00								
Finish Time	5.45								
Lunch Break	-1hr	DEDUCT FROM TOTAL							
Hours Worked	7.45								

CLIENT AUTHORISATION.

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.

NHS AUTHORISED SIGNATURE **PRINT NAME**

POSITION **DEPARTMENT** **DATE**

Please note that clients will **not** be invoiced with the mileage/expenses detailed below.

To be completed by the Temporary Worker

Transport (to and from work only)
Total Mileage (to be recorded to the nearest full mile)

Method of Transport

- Car
 Motorbike
 Bicycle
 Bus/train (please attach copy tickets/receipts)

£ Total £ value claimed of travel tickets/receipts

My home postcode

My work postcode

Subsistence (claim for meals & non-alcoholic beverages)

Number of days worked over 5 hours (not including travel & excluding breaks, up to £5 per day)

Number of days worked over 10 hours (including travel & excluding breaks, up to £15 per day)

£ Total
(Example, 4 days @ £5 & 1 day @ £15 = £35)

TEMP SIGNATURE **DATE**

TEMP. AGREEMENT.

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 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. You may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or to the Reporting Line. I confirm that I am site-based in accordance with section 336-339 ITEPA 2003 and have incurred the expenses claimed. I claim for a meal for each day worked over 5 hours, all expenses claimed relate to a site(s) that I expect to work at for less than 24 months and I intend to work at more than one site during my contracting career.