

Contractor Ref No

Contractor Name

Work Location

Contractor Limited Company Name

Client Company Name

PO Number

STD Hrs

Hrs/Days/Units
Worked

Additional Hours

Hrs/Days/Units
Worked

Rate
(e.g. x 1.5)

Daily Totals

Chargeable
Total

Monday

X

Tuesday

X

Wednesday

X

Thursday

X

Friday

X

Saturday

X

Sunday

X

TOTAL (A)

TOTAL (B)

TOTAL (A + B)

Hours/Days/Units in DECIMAL

TOTAL (C)

Expense Details

Expense Type (e.g. "3 @ £x.xx", "25 miles @ x p/mile")

Amount

Client signature (manual or digital) confirms agreement both to the hours/days/units worked and the manner, quality and quantity of work done

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.

Manager (Please Print Name)

Signature

Date

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.

Contractor Representative (Please Print Name)

Signature

Date