

TIMESHEET

WEEK ENDING: _____

Timesheets MUST be sent in by 5.30pm every Monday or your payment may not be processed for that week. There may be a cost involved for any 24hr payments, due to late or missing timesheets.

FAX NUMBER: 0844 225 0254

PHONE NUMBER: 0844 225 0253

Day	Date	Start	Break	Finish	Total Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total hours of work					

*** CANDIDATE DECLARATION ***	
I confirm that I have worked the total hours shown above.	
CANDIDATE FULL NAME (CAPITALS):	
CANDIDATE SIGNATURE:	
DATE:	
*** CLIENT DECLARATION ***	
The above times stated are an accurate record of days worked by the locum and Midas Medical Recruitment are hereby authorised to invoice my organisation at the agreed rate. By signing this Timesheet I confirm that I have read and agreed to Midas Medical Recruitment Terms and Conditions.	
CLIENT SIGNATURE:	(AUTHORISED SIGNATORY)
NAME OF HOSPITAL:	
DATE:	
HOSPITAL STAMP:	