



24 out of Hours Booking Hotline 07958 180977

TIME SHEET

Email: timesheets@tempdent.co.uk

White - Accounts Yellow - Temp nurse Pink copy - Client/practice

Nurse's Name:			Hours	Minutes
Practice Name:				
Practice Address:			Hours	Minutes
Monday	Date / / 201			
	am to			
	pm to			
Tuesday	Date / / 201			
	am to			
	pm to			
Wednesday	Date / / 201			
	am to			
	pm to			
Thursday	Date / / 201			
	am to			
	pm to			
Friday	Date / / 201			
	am to			
	pm to			
Saturday	Date / / 201			
	am to			
	pm to			
I confirm that the above locum has worked the hours stated satisfactory and that your invoice will be paid in accordance with your payment terms. Furthermore, I understand that if we subsequently engage the locum or introduce them to a third party, then a placement fee may be charged in accordance with your terms and conditions.			Total	

.....
Authorised Signatory:

.....
Print Name:

.....
Position: