**Section 1 - Please print details in block capitals**

|  |  |  |
| --- | --- | --- |
|  **Forename** |  |  |
|  **Surname**  |  |  |
|  **Client** |  |  |

**Section 2 - To be completed by the Contractor**

Please note that we can only accept one timesheet per week for each organisation that you work at. We advise that you have your timesheet completed on your last working day of the week (MONDAY to SUNDAY).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week Ending Date (Sunday)……......** | **Date** | **Start Time** | **Finish Time** | **Length of break** | **Number of Visits** | **Days 1/2 or Full** | **Number of Sessions** | **Total Hours Worked (to the nearest 15 mins)** |
|  |
|   |
|  |
|   |
| **Monday** |  |  |  |  |  |  |   |   |
| **Tuesday** |   |   |   |   |   |   |   |   |
| **Wednesday** |   |   |   |   |   |   |   |   |
| **Thursday** |   |   |   |   |   |   |   |   |
| **Friday** |   |   |   |   |   |   |   |   |
| **Saturday** |   |   |   |   |   |   |   |   |
| **Sunday** |   |   |   |   |   |   |   |   |
|  |  |  |  | **TOTAL** |   |   |   |
|  |  |  |  |  |  |  |  |  |

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 this disclosure of information from this form to and by any Orbis Medics Limited authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

|  |  |  |
| --- | --- | --- |
| **Signed by Contractor** |  | **Job Title Date** |

**Section 3 - To be completed by the Client – Senior Member of Staff Authorised only**

I am an authorised signatory of the above-named client. I am signing to confirm that the Job Profile Title and Band of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. 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 the information from this form and by any Orbis Medics Limited authorised body for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand and agree to Orbis Medics Limited’s terms of business. A standard introductory fee will be charged if the contractor is taken on full time or allowed to change agencies.

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Signed** |
| **Position** |  | **Date** |

**These signatures confirm that the work is complete and the client is satisfied. Orbis Medics Limited will only pay the invoice once the timesheet has both signatures.**