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accounts@merco.co.uk
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Candidate Name _____

Grade _____

Client Name _____

Speciality _____

	Date	Start Time	Finish Time	Break Deduction	Total Hours Worked (less break)	PO Number (if applicable, Client use only)	COMPLETE FOR ON CALL HOURS ONLY		
							On Call Start Time	On Call Finish Time	Total On Call Hours Worked
Monday	/ /	:	:	:	:		:	:	:
Tuesday	/ /	:	:	:	:		:	:	:
Wednesday	/ /	:	:	:	:		:	:	:
Thursday	/ /	:	:	:	:		:	:	:
Friday	/ /	:	:	:	:		:	:	:
Saturday	/ /	:	:	:	:		:	:	:
Sunday	/ /	:	:	:	:		:	:	:
Completed timesheets and invoices, if applicable, must be returned to Merco before MIDNIGHT on Monday by fax (020 3060 3929) or by e-mail (accounts@merco.co.uk) to ensure prompt payment.				Total	:			Total	:

Candidate _____

Authorised Member of Staff _____

Hospital Stamp _____

(Signature) _____

(Print Name) _____ (Position) _____

(Date) _____

(Signature) _____ (Date) _____

Candidate: 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.

Authorised Member of Staff: I am an authorised signatory at the above named client. I agree to abide by Merco's Terms & Conditions as provided to us prior to the commencement of the assignment. I confirm that the hours on the timesheet are correct and 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 information from this form to and by the NHS body and the NHS CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Please note: Timesheets must be sent within 30 days of shift completion date