

Dr Adrian Harrop Limited



		Invoice No:		
		Invoice Date:		
		Timesheet No:		
Invoice To:	Blackpool Teaching Hospitals NHS Foundation Trust			
	Whinney Heys Road			
	Blackpool			
	FY3 8NR			
Worker:	Dr Adrian Harrop			
Location:	Victoria Hospital Blackpool			
Dates:	From:	29/10/2016	To:	30/10/2016

	Total Hours	Rate Per Hour	Total
Voucher No. <u>S384845</u>	-	£ -	£ -
VAT Code:	-	£ -	£ -
Vat Amount:	-	£ -	£ -
Total Hours			£

Claimable Expenses	Units	Rate Per Mile	Total
Travel	-	£ -	£ -
Accommodation	-	£ -	£ -
Other (Please Specify):	-	£ -	£ -
Total Expenses			£ -
Net Value			£
Not VAT Registered			
Total Invoice Amount			£

Bank Details

Bank Name:	
Account No:	
Sort Code:	

****Only enter a Company VAT registration number if you hold one, otherwise leave field blank**

Company VAT Reg.	Phone	Fax	E-mail



ID: 0200000001410738



Timesheet HQ0600EX

Name : Adrian Harrop
Phone No : 01253 300000
Hospital Name : Victoria Hospital Blackpool
Hospital Address : Whinney Heys Road, BLACKPOOL, FY3 8NR

Specialty : Accident & Emergency
Grade : Specialist Training Year 1
From : Sat 29-Oct-2016 to Sun 30-Oct-2016
Booking Reference : HQ01VH68
Booking Dates : Sat 29-Oct-2016 to Sun 13-Nov-2016

Name of LAB : Joanne.pinkney
Name of Attacher : Joanne.pinkney

Table with 6 columns: Day, Date, Shift start time (24 hours), Shift end time (24 hours), Less total break time (hours:minutes), Total hours worked (hours:minutes). Rows for Saturday and Sunday.

22:00

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 for prosecution and civil recovery proceedings which will include immediate reimbursement of any overpayment to the body that made the payment to me/my company for the work completed on this timesheet. I hereby consent to the disclosure of information from this form to and by the Trust, Health Board, Agency, NHS Protect and any organisation for the purpose of verification of any claim and the investigation, prevention, detection and prosecution of fraud

Travel Claim

Your confirmation will state whether you are entitled to travel for this placement. If this section is completed but not agreed prior to the commencement of your locum position your payment will be rejected (if train, taxi etc journey is being claimed a receipt MUST be provided to the Trust)

Form with fields for Mileage (at 0p per mile) and Expenses. Includes sub-fields for From, To, Miles, and Amount (£).

For completion by Authorised Signatory

I am an authorised signatory for my Trust/Health Board/Organisation. I am signing below to confirm that both the grade and the shift 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 that the disclosure of information from this form to and by the Trust, Health Board, Organisation, Agency and NHS Protect for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.



Travel Policy - No Travel Paid

Envoy, 3rd Floor, 1 Belle Vue Square, Broughton Road, Skipton, North Yorkshire, BD23 1FJ. Tel 0800 442200, Fax 0871 208 3285, www.medacs.com

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