

Details of Assignment		Candidate Name:		Location:		Role:	
Day	Date	Start Time (am/pm)	Break Time (mins)	Finish Time (am/pm)	Total Time Worked	Booking Reference (if applicable)	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Mileage: (it must be assumed that no mileage will be paid unless agreed by Adonai at the time of booking)		Client Signature:		Client Printed Name:		Date:	
					Total Timesheet Hours:		

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 on this timesheet. The above-named member of Adonai Services Limited worked the hours shown above and we agree to pay your account in accordance with Adonai Services Terms of Business for Temporary Workers. I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade 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 to and by the NHS body and the NHS Counter Fraud and Security Management Service for purpose of verification of this claim and the investigation, prevention, and prosecution of fraud Authorisation: We confirm the hours and grade shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by Adonai Services Terms of Business for Temporary workers.

NOTE: Please All timesheet(s) for shifts covered MUST be attached to the mobile app immediately after each shift for approval.

Details of Assignment		Candidate Name:		Location:		Role:	
Day	Date	Start Time (am/pm)	Break Time (mins)	Finish Time (am/pm)	Total Time Worked	Booking Reference (if applicable)	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Total Mileage: (it must be assumed that no mileage will be paid unless agreed by Adonai at the time of booking)		Client Signature:		Client Printed Name:		Date:	
					Total Timesheet Hours:		

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 on this timesheet. The above-named member of Adonai Services Limited worked the hours shown above and we agree to pay your account in accordance with Adonai Services Terms of Business for Temporary Workers. I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade 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 to and by the NHS body and the NHS Counter Fraud and Security Management Service for purpose of verification of this claim and the investigation, prevention, and prosecution of fraud Authorisation: We confirm the hours and grade shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by Adonai Services Terms of Business for Temporary workers.

NOTE: Please All timesheet(s) for shifts covered MUST be attached to the mobile app immediately after each shift for approval.