

**Timesheet Ref No: 100772**

In order to facilitate payment, a legible copy of this timesheet must be received by Next Step Medical PTY LTD via Email.

**Bonuses available for referring a friend or colleague, please contact your account manager for more info. Terms & Conditions apply.**

**24hr booking line: 1300 102311 Email: payroll@nextstepmedical.com.au**



**NextStep Medical PTY LTD**

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payroll@nextstepmedical.com.au  
www.nextstepmedical.com.au**

Client Name	
Address	
Name/Type of Ward	
Candidate Name	
Assignment Grade/Band/Qualification	
Week Ending Date (Sunday)	

Day rate and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client. Please check with your Next Step Medical contact as to which shift pattern applies before accepting an assignment.

DAY	DATE e.g 01/09/17	START TIME e.g 08:00	FINISH TIME e.g 16:00	BREAK TIME	HOURS WORKED	BOOKING REFERENCE	AUTHORISED SIGNATURE
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Total Hrs							

Total Pay Hours in Words (Excluding Breaks)	
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**Client Approved Signatory**

I agree the named person(s) worked hours shown and by signing the timesheet we agree to pay your account in accordance with your terms of business. I understand that a further copy of your terms of business is available on request. I am the authorising signatory for this customer and by signing this timesheet the information is accurate and I approve payment.

Signed by.....

Position.....

Print Name.....

Date.....

**Candidate Declaration**

I declare that the information I have given on my form is correct and complete and that I have not claimed elsewhere for the hours / days detailed on this timesheet. I understand that if I have knowingly provided false information this may result in prosecution and visit recovery proceedings.

Signed by.....

Print Name.....

Date.....