

 **Timesheet**

GP NAME SURGERY NAME

GMC NO. BOOKING REF

WEEK ENDING DATE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MONDAY** | **session** | **Start** | **End** | **Total**  | visits | GP Signature | Surgery authorised Signature |
|  | **am** |  |  |  |  |  |  |
|  | **pm** |  |  |  |  |  |  |
|  | **o/c** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| TUESDAY | Session | Start | End | Total | visits | GP Signature | Surgery authorised signature |
|  | am |  |  |  |  |  |  |
|  | pm |  |  |  |  |  |  |
|  | o/c |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| WEDNESDAY | Session | Start | End | Total | visits | GP Signature | Surgery authorised signature |
|  | am |  |  |  |  |  |  |
|  | pm |  |  |  |  |  |  |
|  | o/c |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| THURSDAY | Session | Start | End | Total | visits | GP Signature | Surgery authorised signature |
|  | am |  |  |  |  |  |  |
|  | pm |  |  |  |  |  |  |
|  | o/c |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| FRIDAY | Session | Start | End | Total | visits | GP Signature | Surgery authorised signature |
|  | am |  |  |  |  |  |  |
|  | pm |  |  |  |  |  |  |
|  | o/c |  |  |  |  |  |  |

**FAX SIGNED TIMESHEET AT END OF SESSION TO 01925 241 855**

**GP Declaration**:“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 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 can confirm that I am working for myself as a GP for an NHS Primary Care Service Provider and therefore accept payment from them. I consent to the disclosure of information from this form to and by the NHS body and CFSMS for the purpose of verification of this claim and the investigation, prevention, detection of fraud””

**I also accept that failure to provide a timesheet within the current financial year will result in none payment.**

**Client Declaration**: “I am an authorised signatory for my surgery. I am signing to confirm that the job Profile Title and the hours that I am authorising are accurate and working directly for an NHS Service Provider (outlined above) for which 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 CFSMS for the purpose of verification of this claim and the investigation, prevention, detection of fraud

 **7-8 Cockhedge Way, Warrington WA1 2QQ.**