

Claim for the Sundays and Public Holydays
Payment for the Month of 20.....

1. Name of the Institution-: Lady Ridgeway Hospital for Children
2. Name of the officer-:
- A. Ward/Section-: B. Grade-:
- C. Rate-: D. Total Hours.....
3. Computer number-:.....

Date	Place of work	Working Time		Sign. Of Officer
		From	To	

I certify that the number of hours worked as extra duty and the amount claimed overleaf is correct. I am aware that in the even of any error of irregularity being detected after payment is made to me that I would be surcharged and disciplinary action taken against me.

- a) All particulars furnished above are correct.
- b) I am not holding a consultant appointment.
- c) I have not other to do channeled consultation during the above month.

.....
Date

.....
Signature of Officer

Consultant's certificate: I certify that particulars given herein are connecting. I am personally Satisfied that extra duty payment has been actually earned.

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**Signature & Official seal of the
 Supervising Consultant**

I certify that the number of days indicated above is the number of Sundays and Public Holidays worked the month of 20..... his/her attendance and entries with record to the time of arrival and departure in the diary have been checked and found correct.

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Date

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Signature

I Certify and approve that particulars furnished above have been checked and found correct. Hence the payment is approved.

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Date

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Head of the Institution

I certify form personal knowledge and from the certificate in the relevant files / overload that the above services / works and as in accordance with regulation / contract fair and reasonable.

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Date

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Signature & title of the officer

Certifying expenditure.