

TIMESHEET



Locum.co.uk

Doctor Name: _____

GMC No.: _____

Client Name: _____

Head Office: 483 Green Lanes
London
N13 4BS

Phone: 0203 540 8100
Fax: 0203 540 8101

Thank you for working with **Locum.co.uk**.

PLEASE NOTE: To assist in avoiding delays to payments, please ensure your timesheet is signed by the Manager and yourself, and that any corrections within the timesheet are initiated by both parties.

Once completed, please email a clear copy to **timesheet@locum.co.uk**.

Session date	AM			PM			Subtotal	
	Start	End	Visits	Start	End	Visits	Hours	Visits
							Hours	Visits
Total								

I certify that I provide my services as a self employed Doctor and I am fully liable for all NI and Tax payments to the Inland Revenue.

I certify that I am the Authorised Representative of the Practice and that the named Locum Doctor has provided services as outlined above.

I certify that the above details are correct and have been performed and that payment will be made in respect of these and that the terms and conditions have been observed at all times.

I certify on behalf of the Practice that the above details are correct and have been performed. I understand that this will form the basis of the invoice and that the terms and conditions have been observed at all times.

Doctor signature: _____

Client signature: _____

Doctor print name: _____

Client print name: _____

Date: _____

Date: _____