

24 Hr Tel: 07903 650666

Fax: 01604 826028

enquiries@locumsolutions.com • www.locumsolutions.com

Locum Name: _____	Hospital: _____
Speciality: _____	Address: _____
Grade: _____	From: _____
Job Reference: _____	To: _____

1. Standard/Basic Duties – Enter Hours Worked

	DATE	START TIME	FINISH TIME	BREAK	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
				TOTALS			

2. As authorizing signatory I confirm that the hours and totals given in section 2 are correct, please forward an invoice.

Authorizing Signatory Name: _____ Locum Name: _____

Job Title: _____ Date: _____ Locum Sign: _____

Our standard terms and conditions apply to this booking. Standard introductory fee will be charged if Locum is taken on full time or allowed to change agencies. See Terms & Conditions for full details.

TRAVEL CLAIM SECTION IMPORTANT- This must be signed by authorized person. (ALL ORIGINAL BILLS MUST BE ATTACHED.)

By Car Petrol – Claim £..... or Miles @ 23p / mile = £.....

OR By other means of Transport £..... Means of Transport

Total amount claimed for traveling £.....

I authorize payment and invoice of the amount claimed for traveling by Locum.

Please Fax to 01604 826028 OR Scan and email to timesheet@locumsolutions.com

Signed:

Date: