

Ways to send your timesheet...



Email

timesheets@locummedsgp.co.uk

Section 1 | General information

GP Name

Client Name

Section 2 | To be completed by the candidate.

Please record the hours that you worked in order that your remuneration can be calculated correctly. The total hours and visits must be clearly displayed below. Entering any other information, including rates, comments or notes will result in delay to your payment.

	Date	Start Time	Finish Time	If Sessional (ie full day)	Visits	Total Hours of Work
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
	Total Hours					

****failure to have your timesheet completed and signed by an authorised signatory at the client's site will result in a delay to your payment****

Section 3 | To be completed by the client.

I authorise this timesheet and agree that the units stated are correct, and I wish for you to send me an invoice for these units without the need for another correspondence.

I understand that the Locum Meds Standard Terms of Business apply and we will not book or employ this Temporary Worker directly or through any other agency unless we have prior written permission from Locum Meds. If this occurs the standard introduction fee will apply.

Signatory Name

Signed

Date

Job Title

Client Phone/Email

Authorised Signatories Only

****timesheets must be signed and submitted by wednesday 11.59am in order to be paid by the friday of the same week****