

Fievel Healthcare LTD; Locum Meds, GNR8, Victoria House, 49 Clarendon Road, Watford, Hertfordshire, WD17 1HP. Company No: 09826783

Ways to send your timesheet..

 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 other agency unless we have the 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****