



Meddoc Locums

Fitzgerald House
Willowcourt Avenue
London HA3 8ES
Tel: 0845 468 2520
Fax: 0845 468 2510

jobs@meddoclocums.com
www.meddoclocums.com

MEDDOC LOCUMS USE ONLY	
Client:	
Invoice No.	DL
Paid:	
Payment Date :	
Notes:	

CANDIDATE NAME:	CLIENT NAME:
CANDIDATE GMC NUMBER:	CLIENT ADDRESS:
CANDIDATE ID NUMBER:	DATE:

DATE	START TIME	END TIME	REGULAR HOURS	HOME VISITS	TOTAL HOURS
WEEKLY TOTAL:					

<p>Client Declaration:</p> <p>I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Locum and the Hours/shift that I am authorising are accurate.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p>	<p>Candidate Declaration:</p> <p>I declare that the information I have given on this form is correct. Please raise an invoice on my behalf and pay me gross. I will be responsible for my TAX deduction.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p>
---	---

Please submit your signed timesheet to Meddoc Locums Ltd by:

Fax: 0845 468 2510
Email: account@meddoclocums.com