

MEDDOC LOCUMS STAFF USE ONLY
Client:
Site Name:
Invoice No: DL

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PLEASE **EMAIL** YOUR **SIGNED** TIMESHEET TO:

Timesheet@meddoclocums.com

CANDIDATE DETAILS			CLIENT DETAILS		
NAME (DR):			NAME:		
GMC NUMBER:			ADDRESS/SITE:		
ID NUMBER:					
DATE OF SHIFT	START TIME	END TIME	TYPE OF SHIFT	HOME VISITS	TOTAL HOURS
			WEEKLY TOTAL:		

CLIENT DECLARATION:

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.

NAME:

POSITION:

SIGNATURE:

CANDIDATE (GP) DECLARATION:

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.

NAME (DR):

DATE:

SIGNATURE: