TIMESHEET



Doctor Name:				_	Head Office: 483 Green Lanes London				
GMC No.:								N13 4BS	
Client Name:					Phone: 0203 540 8100				
Thank you for u	sing <mark>Locun</mark>	n.co.uk ser	vices.						
NOTES:									
Please rememl Self-Employed (not employed b	GP Locums			-	=	_		=	
Please ensure within the times	=		-	_	er and you	ırself, and	that any o	corrections	
Once complete	d, please e	mail a clea	r copy to t i	imesheet@	olocum.co	.uk.			
	АМ			PM			Subtotal		
Session date	Start	End	Visits	Start	End	Visits	Hours	Visits	
							Hours	Visits	
						Total			
I certify that I provide my services as a self employed Doctor and I am fully liable for all NI and Tax payments to the Inland Revenue. I certify that the above details are correct and have been performed and that payment will be made in respect of these and that the terms and conditions have been observed at all times.				Practice services I certify are correthis will	I certify that I am the Authorised Representative of the Practice and that the named Locum Doctor has provided services as outlined above. I certify on behalf of the Practice that the above details are correct and have been performed. I understand that this will form the basis of the invoice and that the terms and conditions have been observed at all times.				
Doctor signature:				Client sig	Client signature:				
Doctor print name:				Client pri	Client print name:				