

ORIGINAL TIMESHEET

All details must be completed on this timesheet and signed off by an authorised person.
If we receive a timesheet that has not been signed by an authorised party, this may result in a delay in payments.

LOCUM:	HOSPITAL:
ADDRESS:	LOCATION:
POSTCODE:	POSTCODE:

GRADE WORKED:	SPECIALITY WORKED:
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DAY	DATE	START TIME	FINISH TIME	TOTAL
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
TOTAL HOURS WORKED				

EXPENSES (Amount in words or total mileage) _____ £ _____

LOCUM

I certify that I have worked the hours and incurred the expenses shown above. My supporting expenses receipts are attached.

Name (Print): _____

Signature: _____

Date: _____

HOSPITAL

I certify that the above hours and expenses have been worked to my complete satisfaction and agree to Bluecross Locums Ltd invoicing in accordance with the contract.

Name (Print): _____ (Head of Department)

Signature: _____

Date: _____

The above named is contracted by Bluecross Locums Ltd and therefore cannot accept a permanent or temporary position on the staff of your organisation otherwise that arranged with Bluecross Locums Ltd and on payment of the normal introduction fee, such fee becoming due and payable by you immediately, should the above named enter your employment.