

Locum Timesheet

Locum Name: _____
 Speciality/Profession: _____
 Grade: _____
 Place of Work: _____
 Department: _____
 Reporting To: _____
 ID Number: _____



www.thelocumagency.co.uk
 enquiries@thelocumagency.co.uk

Total Hours Worked

Day	Date	Start Time	Finish Time	Lunch	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Weekly Total					

As the locum, I declare that the above are the total hours I have worked.

 Locum Signature ___/___/___
 Date

 Locum Print Name

As authorising signatory, I declare that the above are the total hours to be invoiced.

 Client Authorised Signature ___/___/___
 Date

 Client Print Name

Travel Claims

Petrol/Travel Claims	Total Claims
Petrol Claim: Miles Travelled: _____ at £ _____ per mile	
Other Travel: _____	
Weekly Total	

As the locum, I declare that the above is the total travel claimed.

 Locum Signature ___/___/___
 Date

As authorising signatory, I declare that the above is the total travel to be invoiced.

 Client Authorised Signature ___/___/___
 Date