



Medicare First - Accounts  
 The Hop Exchange  
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 London  
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## Timesheet

### Details

Locum's Name	PO Number
Client	Timesheet No.
Medicare First Consultant	Week Ending

### Hours

	Date	Start Time	End Time	Breaks	Hours Claimed
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				<b>Total Hours Claimed</b>	

### Expense/Travel Claim

Any claims for expenses or travel allowances must be entered in the box below and the authorising signatory **must** sign this box as well as the field below. Any expense/travel claims, which are not signed and confirmed in this manner, will not be paid or invoiced.

Total Amount of Expenses (Receipts must be enclosed with this timesheet) £
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OR

_____ Miles at £	Per Mile	Total Amount of Claim £
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I certify that the hours shown on this time sheet and any claim for expenses incl. mileage claims are correct

Name	Signed
Position	Date

### Client Authorisation

I certify that the hours shown on this time sheet and any claims for travel expenses claims have been worked and are correct and accept that this will form the basis of an invoice, which will be paid in line with our agreed terms of business.

Name	Signed
Position	Date