



Medicare First - Accounts
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 Drapers Court
 Kingston Hall Road
 Kingston Upon Thames
 Surrey
 KT1 2BQ

T: 0845 054 0197
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 W: www.medicarefirst.co.uk

Timesheet

Details

| | | | |
|------------------------|---------------|-------------|--|
| Locum's Name | Grade | | |
| Client | Department | | |
| Medicare First Contact | Timesheet No. | Week Ending | |

Hours

| | Date | Start Time | End Time | Breaks | Hours Claimed |
|-----------|------|------------|----------|----------------------------|---------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |
| | | | | Total Hours Claimed | |

Petrol/Travel Claim

Any claims for petrol 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 petrol/travel claims, which are not signed and confirmed in this manner, will not be paid or invoiced.

Total Amount of Petrol Claim £

OR

_____ Miles at £ Per Mile Total Amount of Petrol Claim £

I certify that the hours shown on this time sheet and any claims for travel expenses including petrol claims have been worked and are correct

| | |
|----------|--------|
| Name | Signed |
| Position | Date |

Client Authorisation

I certify that the hours shown on this time sheet and any claims for travel expenses including petrol 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 |