GENERAL MEDICINE GROUP

TIMESHEET

Fax: 0203-137-9992
Email: finance@generalmedicinegroup.co.uk

Locum Name: _____ Department: _____

Client: _____ Grade & Speciality: _____

Week Ending Date: / / (DD/MM/YY) Booking Ref No: _____

	Add Dates	Shift Start	Break Start	Break End	Shift End	Actual Hours	PO No - Client use only
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
					Total hours:		

Travel Expenses
Total:

* Please note breaks may be deducted subject to Trust Policy

I confirm that I have worked [Write number of hours] hours

SUMMARY OF TRAVEL EXPENSES – Note: It must be assumed that travel is not paid unless authorised by The General Medicine Group at time of booking. Transport receipts must be sent with travel claims. Standard mileage is paid at 23 pence per mile.

Note: Any questionable timesheet must be immediately brought to the attention of the Local Counter Fraud Specialist or you may report any case of fraud, in confidence, to the NHS Fraud and Corruption Reporting Line on 0800 028 4060.

"I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/shifts detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

LOCUM DOCTOR SIGNATURE: _____ PRINT NAME: _____

"I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Agency Worker and the hours/shift that I am authorising are accurate and I approve payment. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the NHS body and the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud"

Authorisation: We confirm the hours and grade shown on this timesheet have been worked to our satisfaction and that this will form the basis of an invoice which will be paid on receipt. We agree to be bound by the terms and conditions of business.

The timesheet is invalid without this signature:

CLIENT SIGNATURE: _____ PRINT NAME: _____