



Quest Medical Locums

Locum Timesheet

PLEASE ENSURE AN AUTHORISING SIGNATURE IS OBTAINED TO ENSURE PAYMENT

Full Name	
GMC/NMC Number	
Grade and Specialty	
Hospital and Department	

Start Date	Start Time	Breaks	End Date	End Time	Total Hours	Initials
Total Hours (In Numbers and Words)						

Travel and Accommodation	Reason for working beyond booked hours and for Breaks to be not applicable.
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Locum Signature

Please sign and date below to confirm the Timesheet is correct

Signature _____ Name: _____ Date: _____

Authorising Signatory

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 of the NHS CFSMS in England (or NHS CFS in Scotland) for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

As an Authorised Signatory I confirm that the above total hours are to be invoiced.

Signature _____ Name _____ Date _____