



Name of Doctor

Self-Employed Tax Ref Number
(if applicable)

Name and address of client:

Please insert date	Sessions Hours AM	Sessions Hours PM	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total			

Total Mileage

Paid only with prior agreement

I confirm that the above declarations are true to the best of my knowledge and certify that I have worked the hours stated as a self employed medical practitioner.

Doctor Signature

Date

I confirm that the above named doctor has completed the declared hours, and agree to payment for the services previously agreed.

Client Signature

Date

Please ensure timesheet is signed by the client to enable prompt payment. If both signatures are not provided, then this may result in a delay in payment.

To be completed by Doctor

Bank Account Number

Bank Sort Code

Please ensure your signed timesheet is emailed to info@go-locum.co.uk or faxed to 01554 700385.