

Locum Name	Client Name
Grade / Speciality	Week Ending

	Date	Basic Hours			On Call Hours			Total Hours
		Start Time	End Time	Total Hours	Start Time	End Time	Total Hours	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
TOTAL								

Locum

As the locum, I declare that the above are the total hours I have worked.

Signature	Date
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Client

As authorising signatory, I declare that the above are the total hours to be invoiced.

Client Signature	Date
Print Name	Position

If any other arrangements have been agreed with the client / hospital outside those outlined within the current contract such as extra pay / duties please give details below:

PO / Ref no.	Client Signature
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