

Quest Medical Locums Timesheet

PLEASE ENSURE AN AUTHORISING SIGNATURE IS OBTAINED TO ENSURE PAYMENT

Full Name _____

NMC Number _____

Grade and Speciality _____

Hospital and Department _____

Time	Start Date	Start Time	Breaks	End Date	End Time	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Hours for the week						

Reasons for working beyond your booked hours/time:

Travel(Mileage/ Tickets Reimbursement):

Authorisation

Please sign and date below to confirm the Timesheet is correct.

Signature _____ Name: _____ Date: _____

Declaration

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 _____

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