



**LOCUM PAYMENT CLAIM**

Name

GPhC

Agency Name (if appropriate)

Details

Lloyds Pharmacy Branch No

Lloyds Pharmacy Branch Name/Location

Date Worked

	Qty	Rate	Total Claim
Std Hours			
Rota Hours			
Mileage			
Other Expenses (please specify)			
<b>Total</b>			

Signature \_\_\_\_\_

Date

Please write clearly using BLOCK Letters as this will assist us in speedier processing of your claim and ensure that you have signed the form above

Please send this claim to:                      Locum Payment Team  
 Lloyds Pharmacy Ltd  
 Walsgrave Triangle  
 Coventry. CV2 2TX

or alternatively Fax it to                      0845 862 1189

This form should only be used where a Pharmacy Merlin Store System is unavailable  
 For Office User Only: CLAIM REF