

### Doctor's Details

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade: \_\_\_\_\_ Hospital/Trust: \_\_\_\_\_

### Please claim for hours worked only

Date	Day	Start Time	Lunch Break	Finish Time	Hours Worked
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
				<b>Total Hours</b>	

### Please fill in your bank details

<b>Bank/Building Society:</b>		<b>Sort Code:</b>	<b>Account Number:</b>	
<b>Branch:</b>		<b>Account Name:</b>		<b>NI Number:</b>
<b>Address Payment Slip:</b>				
<b>Date of Travel</b>	<b>Start Destination</b>	<b>Train/Car</b>	<b>Mileage</b>	<b>Cost</b>
<b>Domestic Visits if Any:</b>				
<b>Locum Confirmation:</b> I confirm that I have worked the hours as stated above				<b>Date:</b>
<b>Locum Signature:</b>				
<b>Client Confirmation:</b> We confirm that the hours and duties detailed above are correct		<b>Print Name:</b>	<b>Date:</b>	
<b>Authorising Signature:</b>		<b>Position:</b>		