

MEDDOC HEALTH USE ONLY



Client:

Site Name:

Invoice No. MH

310 Kenton Road
Harrow
London, HA3 8DF
Tel: 0845 468 0086
Fax: 0845 468 0087
Jobs@MeddocHealth.com
www.MeddocHealth.com

**PLEASE EMAIL YOUR SIGNED TIMESHEET TO:
Jobs@Meddochealth.com**

CANDIDATE NAME:	CLIENT NAME:
CANDIDATE NMC NUMBER:	CLIENT ADDRESS:
CANDIDATE ID NUMBER:	DATE:

DATE	START TIME	END TIME	REGULAR HOURS	HOME VISITS	TOTAL HOURS
WEEKLY TOTAL:					

<p>Client Declaration:</p> <p>I am an authorised signatory for my ward/department/NHS body. I am signing to confirm that both the grade of Locum and the Hours/shift that I am authorising are accurate.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Position: _____</p>	<p>Candidate Declaration:</p> <p>I declare that the information I have given on this form is correct. Please raise an invoice on my behalf and pay me gross. I will be responsible for my TAX deduction.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p>
---	---

Please submit your signed timesheet to Meddoc Health Ltd by:

Fax: 0845 468 0087
Email: Jobs@MeddocHealth.com