KH Medical Recruitment use only	
Client: **Invoice No:** **Paid:** **Payment due:** **Notes:**	K&H Medical Recruitment

Candidate Name:	Client Name:
Candidate GMC Number:	Client Address:
Client ID Number:	Date:

Date	Start time	End time	Regular Hours	Home visits	Total hours
		Total			

Client Declaration: 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.	Candidate Declaration: 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.
Signature:	Signature:
Name:	Name:
Position:	Date:

Please submit your signed timesheet to KH Medical Recruitment by:
Email: info@khmedicalrecruitment.co.uk