

**KH Medical Recruitment use only**

**Client:**  
**Invoice No:**  
**Paid:**  
**Payment due:**  
**Notes:**



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			

<b>Client Declaration:</b> 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.	<b>Candidate Declaration:</b> 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](mailto:info@khmedicalrecruitment.co.uk)