

## WEEKLY TIME SHEET

Name:.....

Practice Covered:.....

Week Commencing:.....

	AM Sessions	PM Session	After Hours	Total Sessions
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
<b>Total Sessions</b>				

Signed: ..... Locum

Signed: ..... Practice\*

Date:.....

\*Note: payment cannot be made by NZLocums unless signed by BOTH locum and practice.

**TIMESHEETS AND INVOICE MUST BE FAXED TO NZLOCUMS: 04  
472 0904 MONDAY**