Head Office:  
Appleton Village Pharmacy  
Appleton Village  
Widnes  
WA8 6EQ

Claim FORM FOR Self-employed Locums

|  |  |
| --- | --- |
| Locum Details: | Bank Details |
| |  |  | | --- | --- | | Name |  | | Address |  | |  |  | | GPhC Reg No |  |   **Phone Number**  **Email** | |  |  |  | | --- | --- | --- | | Bank  Address  Sort Code  Acc No  Acc Name |  |  | |  |  |  | |  |  |  | |

| Date Worked | Branch | Total Hours | MURs completed | NMS completed |
| --- | --- | --- | --- | --- |
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| **TOTAL** |  |  |  |  |
|  |  |  |  |  |

Declaration: I am responsible for the payment of any tax or National Insurance contributions that may be due on this invoice:

Signed Date