

**Locum Time Sheet**  
**Fax to 1300 204 656**

Locum Pharmacist:  
 Pharmacy:

Authorised Pharmacist/  
 Employee:

Day	Date	Start Time	Finish Time	Break	Total Hours worked
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
				Totals	

Signature of Locum:

Pharmacy Stamp and Shop Authorisation For Invoice

I hereby authorise and confirm that the hours stated above worked by the locum pharmacist are true and correct. I understand that locum pharmacists are provided in accordance with Pharmacy SOS terms and conditions. Please make sure all signatures and details are provided. Incomplete timesheets cannot be processed and will delay payment.