



# Locum Claim Form

Pharmacy/Branch Number	
Agency (if applicable)	
Locum Full Name	
Address	
Telephone Number	
Email Address	

Date	Start Time	End Time	Lunch Break	Rate	Expenses	Daily Total
						£
						£
						£
						£
						£
					<b>Total Claimed (£)</b>	

- Please deduct any Lunch Break from the total hours worked each day
- Please attach any receipts to your invoice for the public travel expenses.
- Please submit this claim directly for payment via:
  - Email: [locumco-ordinators@daylewisplc.co.uk](mailto:locumco-ordinators@daylewisplc.co.uk)
- **This form MUST be signed off by the Responsible Pharmacy Manager or Store Manager and it MUST have the Branch date stamp otherwise it will not be approved.**
- **Forms must be returned to Day Lewis the day after or on the day of the shift for payments to be processed in time.**

## Payment Details

Name on Account (as it appears on your card)	
Sort Code	
Account Number	
Print Name	
Signed (yourself)	
Signed & Print name (RPM or Store Manager)	