

## FORTNIGHTLY TIMESHEET

Name: .....

Practice Covered: .....

Week Commencing: .....

Week One	AM Sessions	PM Session	After Hours	Total Sessions
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Sessions				

Week Commencing: .....

Week Two	AM Sessions	PM Session	After Hours	Total Sessions
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total Sessions				

**Fortnight Total Sessions:.....**

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 OR EMAILED, enquiries@nzlocums.com by 12pm MONDAY EACH  
FORTNIGHT**