

# Invoice for Locum Services

## Locum Details

Name:

GPhC Number:

Pharmacist Address:

Contact Details:

Bank/Payment Details:

Account No.:

Sort code:

## Pharmacy Details

Business:

FAO:

Pharmacy Address:

Contact Details:

Invoice Number:

Date:

Date	Hours Worked	No. of Hours Worked	Hourly Rate	Subtotal
Additional Services		Price	Quantity	Subtotal

Additional Information:

Invoice Total

Payment Due Date: