

**CLAIM FORM – ROTA ARRANGEMENTS**

I confirm the following services were provided on the dates & times shown and claim payment at the agreed rates.

Signature		Date
Pharmacy Name:		Contractor No:
Pharmacy Address:		Post Code:

Rota Date	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
Day	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Contracted Rota Times (From: To)							

For BSO Office Use Only: Check Handbook for payment rates

Payment due:	Hours on rota	@	Rota Payment per Hour	Total Payment £
Check Rota Key <input type="checkbox"/>	Signature for authorisation of payment:			Date