

**Locum Tenens Sheet**



Please note ACTUAL start/end times of hours worked to the nearest ¼ hour in the space below. Actual hours may differ from billable hours depending on the Assignment.

Please reference your Assignment Confirmation for further clarification.

**Please note that incomplete timesheets will not be processed and may result in a delay in payment.**

Day	Date	Time In	Time Out	Total Regular Hours	On Call	OT/CB Start time	OT/CB End time	Total OT /CB Hours (patient contact hrs)
Monday					Y N			
Tuesday					Y N			
Wednesday					Y N			
Thursday					Y N			
Friday					Y N			
Saturday					Y N			
Sunday					Y N			
<b>Total</b>								

**Expenses**

Airfare	Lodging	Rental Car	Mileage	Other	Total

*\*Please submit copies of all receipts that apply. Note total mileage in the box above. Mileage reimbursement rate is at the standard IRS rate. Mileage reimbursement only if personal vehicle is used while on assignment\**

I certify and attest that the totals above are true, accurate and authorized by the Client.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Printed Name: \_\_\_\_\_

By my signature below, I certify and attest that I am authorized to verify the information above on behalf of Client and such totals are accurate, approved, performed satisfactorily and financially binding. This timesheet shall be considered a legally binding addendum to the existing agreement(s) between Onyx M.D. and Client. It is expressly understood that my signature below authorizes Onyx M.D. to invoice Client for time and/or services detailed here and, notwithstanding any other written or oral agreement(s) between the parties, Client agrees to pay Onyx M.D. per the terms of the written agreement(s) between the parties

Client: \_\_\_\_\_

Client Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Representative Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Please FAX completed timesheet to 817-200-7623 or 303-565-1832**