

RS1

Pharmaceutical Support Assistant
Primary Care Department
Cameron House
Cameron Bridge
LEVEN KY8 5RG
Tel: 01592 226419
Fax: 01592 714240



PHARMACEUTICAL - ROTA SERVICES

I hereby certify that my premises were open in accordance with the requirements of the rota scheme at the dates and times shown below, and claim payment for services during the month of:

Month Year

	Date	Time opened from to		Hours	Payment claimed
Sundays					
Public Holidays					
Total number of hours at (rate) £.....					£.....

Notes:- No claim can be entertained in respect of hours of service not required specifically by the rota scheme, whether the service is given voluntarily or is needed to clear prescriptions received during the normal Rota Service hours.

The claim should be submitted by the 5th day of each month, and should be in respect of the additional hours of opening in the previous month.

Signature
of contractor

Date

PPD No

Pharmacy Stamp

.....
FOR OFFICE USE:

Checked / Processed by date