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Pharmaceutical Support Assistant
Primary Care Department
Cameron House
Cameron Bridge
LEVEN KY8 5RG
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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		Hours	Payment claimed
		from	to		
Sundays					
Public Holidays					
Total number of hours at (rate) £.....					£.....

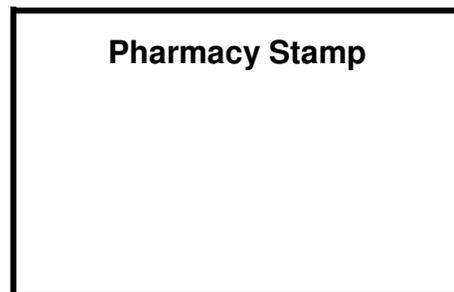
Notes:- No claim can be entertained in respect of hours of service not required specifically by the rota scheme, whether the service is given voluntarily or is needed to clear prescriptions received during the normal Rota Service hours.

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



FOR OFFICE USE:

Checked / Processed by date