

**NATIONAL HEALTH SERVICE (SCOTLAND) – PHARMACEUTICAL SERVICES
CLAIM FOR PAYMENT FOR ROTA SERVICES**

To the Health Board

I/We declare that my/our premises at*

were open in accordance with the requirements of the rota scheme at the dates and times shown overleaf,

and claim payment for services during the month of

Date Signature

*A separate claim form must be submitted in respect of each place of business.

Notes:—(1) 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 or Rota Service hours.

(2) The claim should be submitted by the 7th day of each month, and should be in respect of the additional hours of opening in the preceding month.

Chemist's Stamp

	Date	Time opened		Additional hours claimed	Payment claimed
		from	to		
Week-days					£.....
Total number of hours at (rate) £.....					
Sundays Public Holidays and Early Closing Days					£.....
Total number of hours at (rate) £.....					
Total sum claimed					£.....

For Office Use:

Checked and certified for payment