

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

26/11/95

White - Head Office copy
Pink - Nurse's copy
Yellow - Client's copy

For H.O. use only

CLIENT N.H.S.

Address BURY RD

GOSPORT

HOSPITAL GOSPORT WAR MEMORIAL

Name DRYAD

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HB 843

Name **Code A**

grade PAYABLE N/A

Please ensure:

- 1) Separate timesheet for each client per week
- 2) the client signs below and retains yellow copy

IF SOCIAL SERVICE DUTY

TICK

REF

| EACH LINE to end of night duty | FROM HRS 00.00 | TO HOURS 00.00 | Time Taken for meals | HOURS ACTUALLY WORKED | | | | | | TRAVEL Daily Mileage | EXTRAS e.g. NIGHT CALLS TRAVEL ON CLIENT BUSINESS ETC. |
|--------------------------------|----------------|----------------|----------------------|-----------------------|-----|-----|-------|-----|-----|----------------------|--|
| | | | | DAY | | | NIGHT | | | | |
| | | | | W/D | W/E | P/H | W/D | W/E | P/H | | |
| 20/11 MON | 20.15 | | | | | | | | | | |
| TUES | | 7.45 | 1 1/2 | | | | | 10 | | | |
| WED | | | | | | | | | | | |
| THURS | | | | | | | | | | | |
| FRI | | | | | | | | | | | |
| SAT | | | | | | | | | | | |
| SUN to end of night duty | | | | | | | | | | | |

I certify that the total of 10 hours have been

satisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business which I have received and accept as the basis of the transaction.

Signature **Code A**
(Client please retain yellow copy)

Date

Position



We pay our members weekly.
Please be prompt with your settlement of the account
I.C.N.S.
90 High Street
Burnham
Bucks SL1 7TD
Tel: Burnham (01628) 665271

Please tick if you require:

Timesheets

Address labels