

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

26/03/15

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

For H.O. use only

CLIENT GOSPORT WAR

Address MEMORIAL HOSPITAL

GOSPORT, HANTS,

HOSPITAL

Ward Name DRYAD
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number FL486

Name Code A

grade PAYABLE 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 HRS 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 | | |
| MON | | | | | | | | | | | |
| TUES | 20.15 | 09.45 | 1 HR | | | | | | | | |
| WED | | | | | | | | | | | |
| THURS | | | | | | | | | | | |
| FRI | | | | | | | | | | | |
| SAT | | | | | | | | | | | |
| SUN | | | | | | | | | | | |
| end of night duty | I certify that the total of | | | | | | 10 1/2 | | | 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 (Client please) Code A

Date 26.3.15

Position Social Nurse



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 (0628) 665271

- Please tick if you require:
- Timesheets
 - Address labels