

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

W/E  
Sunday

26/03/75

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 FL 486  
 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											
WED	20.15	09.45	1 HR				10				
THURS											
FRI											
SAT											

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 \_\_\_\_\_ Position STAFF 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