

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

12/3/95

For H.O. use only

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

CLIENT WALK MEMORIAL

Address Bury Rd

GOSPORT

HOSPITAL _____

Ward Name DAENUS

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 79

Code A

Name _____

grade PAYABLE tl

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											
THURS											
FRI	0730	13.00		5/2					3		
SAT											
SUN to end of night duty	I certify that the total of			5/2						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 retain yellow copy)

Date 10.3.95

Position SSM/NUR



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