

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

26/FEB/95

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

For H.O. use only

CLIENT

Address

HOSPITAL WAR MEMORIAL

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

NURSE Membership Number RP/626

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 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	1300	2030	-	7.5							
THURS											
FRI											
SAT											
SUN											
end of night duty	I certify that the total of			7.5	-	-	-	-	-	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 print)

Code A

Date 2-2-95

Position S/N

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

