

# INTER-COUNTY NURSING & CARE SERVICES

**TIMESHEET**  
 W/E Sunday 26/2 95

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

For H.O. use only

**CLIENT** \_\_\_\_\_  
 Address BURY ROAD  
GASPORT,  
**HOSPITAL** WAR MEMORIAL  
 Ward Name DEDALUS.  
 (If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number 25985  
 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	1.30	8.30		7							
TUES											
WED											
THURS											
FRI											
SAT											
SUN to end of night duty				I certify that the total of <u>7</u> 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 Date 20.2.95 Position St.H Nurse  
 (Client please retain yellow copy)



**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