

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

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

W/E Sunday 15 / 1 / 95

For H.O. use only

**CLIENT** .....

Address .....

**HOSPITAL** ROBERT WALKINGTON

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

**NURSE** Membership Number 121/159

Name Code A

**grade PAYABLE** 121/159

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											
SAT											
SUN to end of night duty	<u>20.15</u>	<u>7.45</u>	<u>15</u>						<u>10</u>		

I certify that the total of 10 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 9/1/95      Position RGN



**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