

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E Sunday 08/17/95

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

For H.O. use only

CLIENT War Memorial Hospital
 Address Bury Road Gosport
Hants.
 HOSPITAL War Memorial
 Ward Name Ward
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number FC/049

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 | | | | | | | | | | | |
| THURS | | | | | | | | | | | |
| FRI | | | | | | | | | | | |
| SAT | <u>20.15</u> | | | | | | | | | | |
| SUN to end of night duty | <u>07.45</u> | | <u>1hr.</u> | | | | | | | | |
| I certify that the total of | | | | | | | | | | 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
 (Client please retain yellow copy)

Date 8/17/95

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