

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E Sunday 08/12/94

For H.O. use only

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

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

NURSE Membership Number PC/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	<u>2015</u>										
SAT	<u>0745</u>										
UN to end of night duty											

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 Date 07/12/94 Position SR
 (Client please retain)



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