

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

W/E  
Sunday

27/11/94

For H.O. use only

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

CLIENT PORTSMOUTH HEALTHCARE  
NHS TRUST  
 Address ANN HILL RD  
GOSPORT  
 HOSPITAL GOSPORT WAR MEMORIAL  
 Ward Name SULTAN WARD  
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number FA 172  
 Name MR. K.P. ALDRIDGE  
 grade PAYABLE RGN (E)  
 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	2015	0745	1 1/2 hr					10			
WED											
THURS											
FRI											
SAT											
SUN to end of night duty	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  
 (Client please retain yellow copy)

Date 23.11.94

Position Night Sister



**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