

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E Sunday 20/11/94

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

For H.O. use only

CLIENT

Address

HOSPITAL PERKINS WAR MEMORIAL

Ward Name 31111 DODDOLUS
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number FB1150

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>	<u>07.45</u>	<u>1 1/2 hr</u>						<u>10 X</u>		
SUN to end of night duty									<u>10 X</u>		

I certify that the total of 10 X 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 (Client please) Code A Date 20.11.94 Position R.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