

INTER-COUNTY NURSING SERVICES

White - Accounts copy
 Pink - Nurse's copy
 Yellow - Client's copy

TIMESHEET W/E 26/09/94
 Sunday

CLIENT
 Hospital COVENTRY WAR MEMORIAL
 Ward Name SULTAN
 (If NHS circle either GER or PSY or OTHER)
 Address COVENTRY

NURSE Membership Number H 1234
 Name **Code A**
GRADE payable H
Please ensure:
 1) Separate timesheet for each client, and
 2) the client signs below and retains yellow copy.

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	20.15	07.45	1/2								
TUES											
WED											
THURS											
FRI											
SAT											
SUN 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 20/9/94 Position R.G.H.
 (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