

# INTER-COUNTY NURSING SERVICES

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

**TIMESHEET** W/E 14/8/94  
 Sunday

**CLIENT**  
 Hospital GOSPORT WAR MEMORIAL  
 Ward Name SULTAN  
 (If NHS circle either GER or PSY or OTHER)  
 Address ANNES HILL

**NURSE** Membership Number ..... / .....  
 Name Code A  
**GRADE payable** A  
**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											
TUES											
WED											
THURS											
FRI	<u>2015</u>										
SAT	<u>0745</u>										
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 13/8/94 Position Scorer  
 (Client please retain yellow)



**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