

INTER-COUNTY NURSING SERVICES

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

TIMESHEET W/E 1 / 05 / 94
 Sunday

CLIENT
 Hospital GOSPORT WAR MEMORIAL
 Ward Name WARD 5
 (If NHS circle either GER or PSY or OTHER)
 Address BURY ROAD
GOSPORT

NURSE Membership Number FT / 635
 Name M. J. TAYLOR
GRADE payable
 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	<u>2015</u>	<u>0745</u>	<u>13</u>					<u>10</u>			
FRI											
SAT											
SUN											

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 Date 23 4 94 Position NIGHT SUPERVISOR



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