- Head Office copy - Nurse's copy

- Client's copy

Yellow

## **INTER-COUNTY NURSING & CARE SERVICES**

**TIMESHEET** 

W/E Sunday 46812

For H.O. use only

CLIENT							. ) (	NURSE Membership Number H.H./ 524  Name Code A			
Ward Name REDCLYFFE ANNEXA  (If NHS circle either GER or PS) or OTHER)  grade PAYABLE  Please ensure:  1) Separate timesheet for each client poweek  2) the client signs below and retains yellow copy										each client per	
	IF SC	CIAL S	SERVIC	E DUT	1	TIC	CK	RE	iF		The United States of the State
-	EACH LINE to end of night duty	FROM HRS 00.00	TO HOURS 00.00	Time Taken for meals	HOURS ACT		CTU	JALLY WORKED		TRAVEL	EXTRAS e.g.
					W/D		P/H	W/D	W/E P/H	Daily Mileage	TRAVEL ON CLIENT BUSINESS ETC.
	MON										
	TUES										
	WED			113							

I certify that the total of 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 retain yellow copy)

07.00

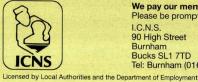
Code A

1330

Date

Position SN

hours have been



THURS

FRI

SAT JN,

end of night duty

> 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 (01628) 665271

**Timesheets** Address labels

Please tick if you require: