

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

48063

W/E Sunday 02/02/97

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

For H.O. use only

CLIENT Mrs Brown

Address .....

HOSPITAL St Mary's H.

Ward Name .....

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 550

Name **Code A**

grade PAYABLE 11.10

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 HOURS 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											
29/1 WED	16.00	21.00		5							
30/1 THURS	14.00	21.00		6							
31/1 FRI	00.00	14.00		7							
SAT											
SUN to end of night duty											
I certify that the total of				18 1/2						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

31-01-97

Position

S/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 (01628) 665271

Please tick if you require:

Timesheets

Address labels