

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET
W/E Sunday **2/2/97**

48066

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

For H.O. use only

CLIENT

Address ANNES HILL ROAD
GOSPORT

HOSPITAL GOSPORT WAR MEMORIAL

Ward Name MILBERRY C
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number AM/516

Name **Code A**

grade **PAYABLE** A

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											
<u>28/1</u> TUES	<u>13:00</u>	<u>21:00</u>	<u>2</u>	<u>7.5</u>							
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				<u>7.5</u>							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 28/1/97 Position SM



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