

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

48062

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

W/E Sunday 02/02/97

For H.O. use only

CLIENT PORESMOUTH HEALTHCARE TRUST

Address Bury Road

GOSPORT

HOSPITAL WAR MEMORIAL

and Name MULREPPY (C)

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HW/ 305

Name JANE WATKINS

grade PAYABLE D

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											
28/1 TUES	0045	0715	-					10%			
WED											
30/1 THURS	2045	0715	-					10%			
FRI											
SAT											
SUN to end of night duty											
I certify that the total of							21			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 (Client please retain)

Code A

Date

3/1/97

Position

R.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