

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

WE
Sunday

10/12/96

CLIENT DECYTE ANNEXE
THE ALENCE
GOOSPORT

NURSE H. LIPS

Code A

grade PAYABLE A

Please ensure:
 1) separate timesheet for each client/shift/week
 2) the client sign, fax and return with a copy

IF SOCIAL SER

DUTY

TICK

REF

08605-4

DATE	FROM HRS. 0000	TO HOURS 0000	Time Taken for meals	HOURS ACTUALLY WORKED						TOTAL HRS. WORKED	IF PLEASED TO NIGHT CALLS FROM OTHER CLIENT BUSINESSES ETC
				DAY			NIGHT				
				WED	THU	FRI	WED	THU	FRI		
MORN											
EVEN	7 AM	1:30 PM									
WED											
THURS											
FRI											

I certify that the total of 6 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

10.12.96

Position

STU



Please tick if you need:
 Timesheets
 Address labels