

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

26/11

31545

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

W/E **06/10/96**
 Sunday

For H.O. use only

CLIENT Redcliffe House
 Address The Avenue
Gosport

NURSE Membership Number FG 723

Name **Code A**

grade **PAYABLE NA**

HOSPITAL

Name (If NHS circle either GER or PSY or OTHER)

- 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											
WED											
THURS											
4/10 FRI	07.00	13.30									
SAT											
SUN to end of night duty											

I certify that the total of 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 4/10/96 Position S/O



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