

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

46810

W/E
Sunday

26/1 197

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

For H.O. use only

CLIENT ROOCCLYFFE HOUSE
 Address 63 THE AVENUE
ALVERSTONE, GOSPORT
HOSPITAL GOSPORT WAR MEMORIAL
 Ward Name _____
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HM 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											
TUES											
WED											
THURS											
FRI											
25/1 SAT	12.30	21.00	1/2		8						
26/1 SUN to end of night duty	12.30	21.00	1/2		8						
I certify that the total of					16					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 return)

Code A

Date 26/1/197

Position D/C/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