

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

47096

W/E
Sunday

26/1/97

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

For H.O. use only

CLIENT

Address GOSPORT
HAWES

HOSPITAL GOSPORT WAR MEMORIAL

Ward Name SULTAN WARD
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number FA 172

Name MR L ALDRIDGE

grade **PAYABLE** D RGN

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											
23 THURS	2015	0745	1 1/2					10			
24 FRI	2015	0745	1 1/2					10			
SAT											
SUN to end of night duty											

I certify that the total of 20 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 26/1/97 Position SS/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