

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

47097

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

W/E Sunday 26/01/97

For H.O. use only

CLIENT Portsmouth Healthcare Trust

Address Bury Road

COSPURT

HOSPITAL WARR MEMORIAL

Word Name MULBERRY (C)

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

NURSE Membership Number 421 / 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											
TUES											
WED											
23/1 THURS	2045	0715	—						10 1/2		
FRI											
SAT											
26/1 SUN to end of night duty	2045	0715	—						10 1/2		
I certify that the total of								10 1/2	10 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.

Code A

Signature

Date 27-1-97

Position CW

(Client please retain yellow copy)



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