

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

47099

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

W/E
Sunday

26/01/97

For H.O. use only

CLIENT Health Care Trust

Address Bay St

Gosport Hants

HOSPITAL Green Hill Memorial

Ward Name Mulberry C

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HA/101

Name P. Appleford

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											
THURS											
FRI											
SAT											
26/11 SUN to end of night duty	1300	2100									

I certify that the total of _____ hours have been

satisfactorily worked and that payment will be made in respect of these according to your terms and conditions of business. I have received and accept as the basis of the transaction.

Signature (Client please)

Code A

Date 26/1/97

Position RN, RM

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

