

COUNTY NURSING & CARE SERVICES

W/E
Sunday 26/1/97

47098

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

For H.O. use only

CLIENT

Address

HOSPITAL GASPORT WAR MEMORIAL

Word Name Mulberry
 (If NHS circle either GEB or PSY or OTHER)

NURSE Membership Number NY/132

Name **Code A**

grade PAYABLE N/AUX

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	08.30	12.00	X	3 1/2							
TUES											
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 5 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 21/1/97 Position S/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