

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

41325

W/E
Sunday

15/12/96

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

For H.O. use only

CLIENT GOSPORT WAR Memorial

Address

HOSPITAL GOSPORT WAR Memorial

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

NURSE Membership Number H, F22

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											
11/12 WED	15:30	20:30									
12/12 THURS	15:30	20:30									
13/12 FRI	7:30	13:00									
14/12 SAT	7:30	13:00									
15/12 SUN to end of night duty	15:30	20:30									

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 which I have received and accept as the basis of the transaction.

Signature
(Client please retain yellow)

Code A

Date 14.12.96

Position SSN



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