

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

43133

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

W/E
Sunday

29/12/96

For H.O. use only

CLIENT GOSPORT WAR

Address MEMORIAL HSP.

GOSPORT. HANTS

HOSPITAL

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

NURSE Membership Number F1486

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											
24/12 TUES	20.15	09.45	1 1/2 HR								
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of									10	TOTAL	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)

Code A

Date 30.12.96

Position Shift



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