

# INTER-COUNTY NURSING & CARE SERVICES

**TIMESHEET**  
**W/E** Sunday 05/01/17

44130

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

For H.O. use only

**CLIENT** .....

Address .....

**HOSPITAL** OSPORT WAR MEM

Ward Name MAINALUS  
 (If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number FL1 959

Name Code A

**grade PAYABLE** N/A

**Please ensure:**

- 1) Separate timesheet for each client per week
- 2) the client signs below and retains yellow copy

**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											
<u>31/12</u> TUES	<u>07.30</u>	<u>13.00</u>		<u>5</u>							
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				<u>5 1/2</u>						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 31.12.96      Position STAFF NURSE

(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