

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

42189

W/E
Sunday

22/12/96

- 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

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

NURSE Membership Number H1 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 | | | | | | | | | | | |
| WED | | | | | | | | | | | |
| THURS | | | | | | | | | | | |
| FRI | | | | | | | | | | | |
| SAT | | | | | | | | | | | |
| 22/12 SUN to end of night duty | 7-30 | 13-30 | | | 6 | | | 6 | | | |
| I certify that the total of | | | | 6 | | | | | | 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) **Code A** Date 22-12-96 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