

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

41321

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

W/E Sunday 15/12/96

For H.O. use only

CLIENT Gospert war Memorial

NURSE Membership Number M/F22

Address _____

Name **Code A**

HOSPITAL Gospert war Memorial

grade PAYABLE A

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

- 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		
9/12 MON	10-00	15-30		5 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**
(Client please retain yellow copy)

Date 9-12-96

Position Admin Clinical Manager



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