

BUR-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

15/12/96

41326

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

For H.O. use only

CLIENT Mud berry

Address

HOSPITAL G.W.M.H.

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

NURSE Membership Number 850

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

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	4pm	9pm		5							
11/12 WED	8 Am	6pm		10							
13/12 FRI	7am	1pm		6							
SAT											
SUN to end of night duty											
I certify that the total of				21						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 sign in yellow copy)

Code A

Date 15.12.96 Position

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

only

ICNS