

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

37524

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

W/E
Sunday

17 / 11 / 96

For H.O. use only

CLIENT POORMAN, MARGARET JANE

Address Bury Road, Gosport

HOSPITAL WAR MEMORIAL

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

NURSE Membership Number 141/305

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	2045	0715	/						10/2		
SUN to end of night duty											

I certify that the total of 10 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 return yellow copy)

Date 16/11/96

Position RHN



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