

# INTR-COUNTY NURSING & CARE SERVICES

**TIMESHEET**  
W/E **Sund** 17/11/96

37524

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

For H.O. use only

**CLIENT** .....

Address .....

**HOSPITAL** *Gosport War memorial* .....

Ward Nam: *Mulberry Ward* .....

(if NHS circle either GER of PSY) or OTHER)

**NURSE** Membership Number *HIF / 583*

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											
<i>17/11</i> SUN to end of night duty	<i>13.00</i>	<i>21.00</i>	<i>1/2 hr</i>								

I certify that the total of *7 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** Date *17-11-96* Position *SIN*



**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