

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

38448

W/E  
Sunday

24/11/76

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

For H.O. use only

CLIENT .....

Address Gosport Way, Mermaid

HOSPITAL Sultan

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

NURSE Membership Number H / H393

Name Code A

grade PAYABLE Auxiliary

- 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		
18/11 MON	20	07 <sup>45</sup> am	1 1/2					10			
TUES											
WED											
THURS											
FRI											
SAT											
SUN to end of night duty								10			

I certify that the total of 10 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 re)

**Code A**

Date 19.11.76

Position Site



**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