

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

41063

W/E  
Sunday

15/12/16

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

For H.O. use only

**CLIENT** .....

Address .....

.....

**HOSPITAL** *Green & Wil Mem* .....

Word Name *Redcliffe Hosp* .....

(If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number *111 8015* / .....

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											
<i>12/12</i> THURS	<i>2.30</i>	<i>21.00</i>	<i>1/2</i>								
FRI											
SAT											
SUN to end of night duty											
I certify that the total of				8						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 *12/12/16* Position *S/n*

(Client please)



**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

*2510C 4128*  
*2510C 4428* TS 2