

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

41065

W/E
Sunday

15 / 12 / 96

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

For H.O. use only

CLIENT PERISHORIAN HOSPITAL
 Address ANDOVER CITY
HOSPITAL REDCLIFFE ANNEXE
 Ward Name GERIAT
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 41959
 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		
MON	07.30	21.00		8 1/2							
TUES	12.30	21.00		8 1/2							
WED											
THURS											
FRI											
SAT									44	28	
SUN to end of night duty											

I certify that the total of 17 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 10/12/96 Position EN



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