

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET
W/E Sunday 22/12/96

41952

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

For H.O. use only

CLIENT Redcrafft House
 Address The Avenue
Gosport
HOSPITAL Redcrafft
 Ward Name _____
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number HV F22
 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											
<u>17/12</u> TUES	<u>7-00</u>	<u>13-30</u>		<u>1/2</u>							
WED											
THURS											
FRI											
SAT*											
SUN to end of night duty											

I certify that the total of 1 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 Dec 96 Position S/R



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