

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

22/12/96

4,954

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

For H.O. use only

CLIENT

Address

NURSE

Membership Number

FL731

Name

Code A

grade PAYABLE

LA

Please ensure:

- 1) Separate timesheet for each client per week
- 2) the client signs below and retains yellow copy

HOSPITAL Rockleys House

Name Gosnell

(If NHS circle either GER or PSY or OTHER)

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											
19/12 THURS	8.45 am										
FRI		7.5 am									
SAT											
SUN to end of night duty								10			

I certify that the total of 28.9 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)

Code A

Date 20/12/96

Position E/W.

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



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