

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

40390

W/E
Sunday

08/12/96

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

For H.O. use only

CLIENT Mulberry

Address

HOSPITAL G.W.M.H

Ward Name

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number TW 850

Name Code A

grade PAYABLE NIA

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											
3/12 TUES		4pm 9pm									
WED											
THURS											
FRI											
7/12 SAT	8am	9pm	1hr								
8/12 SUN to end of night duty	7am	9pm	1hr								
I certify that the total of				30						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
(Client please retain yellow copy)

Date 08-12-96

Position W/sister



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