

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

W/E  
Sunday

17/11/96

37524

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

For H.O. use only

**CLIENT** Croquet Lane Memorial  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
**HOSPITAL** Croquet Lane Memorial  
 Ward Name Deaillon  
 (If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number H1 F27  
 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	15.00	20.30		5 1/2							
12/11 TUES	7.30	13.30		6							
WED											
THURS											
FRI											
SAT											
SUN - to end of night duty											

I certify that the total of 11 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 (Client please)

**Code A**

Date 12.11.96.

Position E/A



**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