

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

43809

W/E  
Sunday

5/1/97

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

For H.O. use only

CLIENT REOCLIFFE HOUSE

Address 63 THE AVENUE

ALVERSTONE GARAGE

HOSPITAL GOSPORT WAR MEMORIAL

Ward Name \_\_\_\_\_  
(If NHS circle either GER or **PSY** or OTHER)

NURSE Membership Number HM/516

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											
TUES											
WED											
THURS											
31 FRI	7.00	13.30		6 1/2							
SAT											
SUN to end of night duty											

I certify that the total of 6 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 3/1/97

Position re



**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