

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

43813

W/E  
Sunday

29/12/196

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

For H.O. use only

CLIENT REOCLYFFE ANNEX  
Address 63 The Avenue  
GOSPORT

NURSE Membership Number HH/527

Name Code A

grade **PAYABLE** A

HOSPITAL  
Word Name REOCLYFFE  
(If NHS circle either GER or PSY or OTHER)

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                          |                |                |                      |                       |     |     |       |     |     |                      |  |
| FRI                            |                |                |                      |                       |     |     |       |     |     |                      |  |
| SAT                            |                |                |                      |                       |     |     |       |     |     |                      |  |
| SUN to end of night duty       | 12:30          | 21:00          | 0:30                 |                       | 8   |     |       |     |     |                      |  |

I certify that the total of 8 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

30/12/196

Position

E/N.



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