

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

42831

W/E
Sunday

29/12/96

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

For H.O. use only

CLIENT Reynolds Annexe

Address 63 the AVENUE

GOSPORT.

HOSPITAL S.W.M.H.

Card Name _____

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number AW 379

Name **Code A**

grade PAYABLE Auxiliary

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											
27/12 FRI	7:00	13:30		6	30						
SAT											
SUN to end of night duty											
I certify that the total of				6	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 (Client please)

Code A

Date 27 Dec 96

Position s/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