TIMESHEET W/E Sunday Pink - Head Office copy Pink - Nurse's copy Yellow - Client's copy NURSE Membershipy Number Number Number Number Name Code A grade PAYABLE Please ensure: 1) Separate timesheet for each client per week 2) the client signs below and retains yellow copy TICK REF EACH INF FROM TO Time HOURS ACTUALLY WORKED TRAVEL EXTRAS e.g. NIGHT CALLS	INTER-COUNTY NURSING & CARE SERVICES										
Address	TI W/E	MESHI	33 1		+4	2	82		White Pink	- Head Office copy - Nurse's copy	
HOSPITAL Ward Name (If NHS circle either GER or PSY or OTHER) FROM HHS 00.00 TICK TICK TICK REF HOURS ACTUALLY WORKED TICK Ward Name TO HOURS 100.00 TO HHS 00.00 TICK REF AMAGE EXTRAS e.g. TRAYEL Daily TRAYEL OR CILENT TRAYEL DAILY TRAYEL DAILY TRAYEL OR CILENT TRAYEL OR CILET TRAYEL OR CILENT TRAYEL OR CILENT TRAYEL OR CILENT TRAYEL OR C	CLIENT REDUCTIFIE NURSE Membership 1/1 527										
HOSPITAL Ward Name (If NHS circle either GER or PSY or OTHER) IF SOCIAL SERVICE DUTY TICK EACH LINE to end of night duty TUES WED THURS FRI 10 1 2 3 4 1 2 3 4 1 2 3 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4				Name Code A							
EACH LINE to end of night duty TUES WED THURS T	HOSPITAL grade PAYABLE Please ensure: 1) Separate timesheet for each client per										
LINE to end of night duty MON TUES WED THURS FRI SUN to end of night duty To HOURS 00.00 TO HOURS 700.00 TO HOURS 700.00 TO HOURS 700.00 To meals 700.00 To meals 700.00 M/D W/E P/H W/D W/E P/H Mileage 700.00 THURS THURS FRI SUN to end of night duty I certify that the total of 1 certify that the total of 1 certify worked and that payment will be made in respect of these according to your terms	IF SO	CIAL S	ERVIC	E DUT	TIC	K	REF				
MON TUES WED THURS FRI SUN to end of night duty I certify that the total of satisfactorily worked and that payment will be made in respect of these according to your terms	LINE to end of	HRS	HOURS	Taken	DAY		NIGHT		Daily	NIGHT CALLS TRAVEL ON CLIENT	
WED THURS FRI SUN to end of night duty I certify that the total of satisfactorily worked and that payment will be made in respect of these according to your terms					800		3600				
THURS FRI 28/2 09:30 21:00 0:30 // SUN to end of night duty I certify that the total of satisfactorily worked and that payment will be made in respect of these according to your terms	TUES						808				
FRI SUN to end of night duty I certify that the total of satisfactorily worked and that payment will be made in respect of these according to your terms	WED						838				
SUN to end of night duty I certify that the total of satisfactorily worked and that payment will be made in respect of these according to your terms	THURS										
SUN to end of night duty I certify that the total of satisfactorily worked and that payment will be made in respect of these according to your terms	FRI				23X 20X 20X		302 302 000				
to end of night duty I certify that the total of hours have been satisfactorily worked and that payment will be made in respect of these according to your terms		09:30	21:00	0:30							
night duty I certify that the total of hours have been hours have been satisfactorily worked and that payment will be made in respect of these according to your terms	to										
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.	night duty										
Signature Code A Date 28 12 96 Position E N.	0	C	ode	Α	Date 28	. /	12.9	6	Position	EN.	
Please be prompt with your settlement of the account I.C.N.S. 90 High Street Burnham Bucks SL1 7TD Tel: Burnham (01628) 665271	ICNS	Please be prompt with your settlement of the account I.C.N.S. 90 High Street Burnham Bucks SL1 7TD Address labels									