

# INTER-COUNTY NURSING & CARE SERVICES

## TIMESHEET

42828

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

W/E  
Sunday

29/12/96

For H.O. use only

CLIENT Roancliffe

Address 63 The Avenue

Gosport

HOSPITAL

Ward Name Roancliffe

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 441527

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											
FRI											
28/12 SAT	09:30	21:00	0:30								
SUN 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 and conditions of business which I have received and accept as the basis of the transaction.

Signature (Client please)

**Code A**

Date 28.12.96 Position C.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