

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

43805

W/E
Sunday

5 / 1 / 97

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

For H.O. use only

CLIENT Parksmanni Acute Care

Address NHS TRUST

GOSPORT.

HOSPITAL _____

Word Name Redcliff Annex

(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number H, W26

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											
3/1 FRI	12.30	21.00	.30	8							
SAT											
SUN to end of night duty											
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 3.1.97

Position Eng.



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