

# CROSS-COUNTY NURSING & CARE SERVICES

## TIMESHEET

44127

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

W/E **Sunday** 5/1/97

For H.O. use only

**CLIENT** Mulligan  
 Address g.w.m.h  
**HOSPITAL** Mulligan  
 Ward Name Mulligan  
 (If NHS circle either GER or (PSY or OTHER)

**NURSE** Membership Number H/W 48  
 Name Code A  
 grade PAYABLE A.N.  
**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											
2/1 THURS	1.00	9.00									
FRI											
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 27/1/96 Position S/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