

# NURSING & CARE SERVICES

**TIMESHEET**

42192

W/E  
Sunday

22/12/96

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

For H.O. use only

**CLIENT** .....

Address .....

**HOSPITAL** Gosport War Memorial

Ward Name Mulberry Area C  
(If NHS circle either GER or PSY or OTHER)

**NURSE** Membership Number 11113

Name .....

**grade PAYABLE** .....

- 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											
18.12 WED	0800	1200		4							
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 4 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 ret

**Code A**

Date 22/12/96

Position SIN



**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