

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

42194

W/E
Sunday

28/12/06

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

For H.O. use only

CLIENT Bushy Healthcare Trust

Address Bushy Road

Gusport

NURSE Membership Number HW/305

Name JANE WATKINS

grade PAYABLE D

Please ensure:

- 1) Separate timesheet for each client per week
- 2) the client signs below and retains yellow copy

HOSPITAL St. Mary's Memorial

Card Name M. BERRY (C)

(If NHS circle either GER or PSY or OTHER)

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		
22/12 MON	0645	0715	/						10/2		
TUES											
WED											
THURS											
FRI											
SAT											
SUN to end of night duty											

I certify that the total of 10 1/2 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

28/12/06

Position

Please tick if you require:

Timesheets

Address labels



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

Licensed by Local Authorities and the Department of Employment