

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E
Sunday

15/12/96

41327

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

For H.O. use only

CLIENT GOSPORT WAR

Address MEMORIAL HSP,
GOSPORT, HANTS.

HOSPITAL _____

ward Name DRYAD
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number FL 486

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											
12/12 THURS	20.15	09.45	1 1/2				10				
FRI											
SAT											
SUN to end of night duty											
I certify that the total of					2	10	4		hours	76	

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 re:)

Code A

Date

13/12/96

Position

SSN.



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