-COUNTY NURSING & CARE SERVICES

TIMESHEET

W/E Sunday 15/12/96

41058

For H.O. use only

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

CLIENT BEECLIFFE ANNEXE

Address 63 THE AVENUE

GOSPORT HANTS.

HOSPITAL —

d Name ..... (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number H/ M177

Nan 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 DAY W/D	DAY W/E	DAY P/H	NIGHT W/D	NIGHT W/E	NIGHT P/H	TRAVEL Daily Mileage	EXTRAS e.g. NIGHT CALLS TRAVEL ON CLIENT BUSINESS ETC.
MON											
TUES											
WED											
THURS											
FRI											
SAT											
15/12 SUN to end of night duty	12.30	21.00	½		8½						

CLIENT

I certify that the total of 8½ 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 15.12.96. Position S/N

ICNS

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 ☐

Licensed by Local Authorities and the Department of Employment

TS 2