

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

46115

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

W/E Sunday 19/01/97

For H.O. use only

CLIENT PORTSMOUTH HEALTHCARE TRUST
 Address BURY ROAD
GOSPORT
HOSPITAL WAR MEMORIAL
 Ward Name MULBERRY (C)
 (If NHS circle either GER or PSY or OTHER)

NURSE Membership Number 441 305
 Name JANE WATKINS
 grade **PAYABLE** B
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											
16/1 THURS	2045	0715	—					10 1/2			
17/1 FRI	2045	0715	—					10 1/2			
18/1 SAT	2045	0715	—					10 1/2			
SUN to end of night duty											
I certify that the total of							21	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 **Code A** Date 19.1.97 Position RN
 (Client please retain yellow copy)



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