

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

46114

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

W/E Sunday 19/01/97

For H.O. use only

CLIENT GOSPORT WAR
Address MEMORIAL HSP.
BURY RD. GOSPORT.
HOSPITAL
Ward Name SUTTON
 (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	20.15	07.45	1 1/2 HR					10			
WED											
THURS											
FRI											
SAT											
SUN to end of night duty								10			

I certify that the total of 10 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 19/01/97 Position Sutton



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