

INTER-COUNTY NURSING & CARE SERVICES

TIMESHEET

46116

W/E
Sunday

19/01/97

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

For H.O. use only

CLIENT Mulberry

Address

HOSPITAL g.w.m.H.

Ward Name
(If NHS circle either GER or PSY or OTHER)

NURSE Membership Number W/ 850

Name **Code A**

grade PAYABLE

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											
15/1 WED	0070	14.00		7							
THURS											
17/1 FRI	14.00	21.00		7							
18/1 SAT	0070	14.00			7						
19/1 SUN to end of night duty	0070	21.00			13						TOTAL 34 hrs.
I certify that the total of				14	20						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 plea)

Code A

Date

19-01-97

Position

S/N



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